

Telephone No.: _____ E-mail: _____

S.No.	Name of Exam Board / University	Subjects	Roll No.	Years of Passing	Total Mark	% of Marks

Counseling Details

Roll No	Rank	Examine Body

DECLARATION

I _____ S/o, D/o, W/o _____

do hereby declare and affirm that particulars furnished by me in this application form are true to the best of my knowledge and belief. I further declare that photocopies / attested copies provided here by me are copies of genuine originals. I knowledge that the admission granted to me is based inter-alia, on the detail provided in this application and my admission may be cancelled or other actions may be taken against me by college / institute if any information provided here by me turns out to be taken untrue / false / incorrect or i am unable to produce the original documents as and when demanded. I also confirm that institute fee will be deposited by 5th of every month.

I also here by confirm as having read and understood the rules & regulation printed in the prospectus of R.K. Group of Institutions agree to abide by them unconditionally.

Signature of Applicant

Signature of Parent / Guardian

Date : _____

Place : _____

- Prayag Vidhi Mahavidyalaya
- R.K. School of Nursing
- R.K. Institute of Paramedical Sciences
- R.K. Institute of Technical Studies
- R.K. College of Pharmacy

