

Academic Year----- Date of Admission-----

Enrollment No.----- Roll No.-----



ADMISSION FORM

GROW MORE GROUP OF INSTITUTIONS

Grow More Campus, Himatnagar, Dist. S.K. (Gujarat)

Ph.: 02772-225500-01. Fax: 225505/10

E-mail: info@growmore.ac.in Web: www.growmore.ac.in

Please affix
your recent
Passport size
Photograph

If a candidate wishes to apply for more than one course, separate form shall be required to be filled in.

Course Applied For (Tick the appropriate one):

<input type="checkbox"/> Degree Engineering	<input type="checkbox"/> B.C.A	<input type="checkbox"/> B.S.C	<input type="checkbox"/> M.Com
<input type="checkbox"/> Diploma Engineering	<input type="checkbox"/> P.G.D.C.A	<input type="checkbox"/> M.S.W	<input type="checkbox"/> I.C.M.A.I
<input type="checkbox"/> Architecture	<input type="checkbox"/> M.Sc. (CA & IT)	<input type="checkbox"/> Basic B.Sc. Nursing	<input type="checkbox"/> C.P.T
<input type="checkbox"/> M.B.A.	<input type="checkbox"/> B.Ed.	<input type="checkbox"/> G.N.M	<input type="checkbox"/>
<input type="checkbox"/> M.C.A.	<input type="checkbox"/> B.A	<input type="checkbox"/> A.N.M.	<input type="checkbox"/>
<input type="checkbox"/> B.B.A.	<input type="checkbox"/> B.Com.	<input type="checkbox"/> M.A.	<input type="checkbox"/>

Write the specialization you require -----

Have you applied for more than one course offered by Grow More Group of Institutions? : Yes/No

If yes give the name of course -----

(A) Personal Information :

1. Name: -----

Surname

Name

Father's/Husband Name

Mother Name:----- Grand Father Name:-----

2. Birth Date: ____/____/____ 3. Gender: Male/Female ----- 4. Blood Group: -----

5. Nationality: ----- 6. Cast -----

7. Address: Permanent -----

Taluka: _____ Dist.: _____ State: _____ Pin Code: _____

8. Contact Details: Mobile No.: ----- Land line No. (With STD Code):-----

E-mail id: ----- Father's Mo.No. -----

9. Father's Occupation-----

Firm Detail: -----

10. Category: Open ☐ S.C ☐ S.T ☐ SEBC ☐ Physical Handicapped ☐ Any Other ☐

Admission Status (SQ/VQ/MQ)----- Admitted Round (1/2/3 etc.) -----

Merit No----- TFWS (Yes/No)-----

Hostel : (Yes/No) -----

11. Details of any Entrance Exam Appeared (if Any)

Name of the Exam:

Seat No. Score out of Year of Examination

(B) Academic Record:

Examination	Name of Degree	Year of Passing	Medium of Education	University/Institution	Grand Total		Grade	Per (%)
					Obtained	Out of		
S.S.C.								
H.S.C.								
Graduation								
Post Graduation								
Other								

(C) Undertaking:

I hereby declare that the particulars furnished in this application form are correct to the best of my knowledge and understanding. I have verified my eligibility to apply against category to which I have applied. I understand that in case any information furnished in this form is found to be incorrect or incomplete, my admission will stand cancelled. I further declare that I have read and understood all the instructions carefully and I will abide by all rules, ordinances, and the decision taken by admission committee, Govt. Medical Group of Institutions. I also understand that if the information provided by me in the application is incomplete, incorrect or false, and if the application is entertained through oversight, inadvertence or any other reason, my application will be rejected upon detection at any stage.

Place:

Applicant's Signature:

Date:

(d) Enclosure: against the relevant certificate attached [Attach self-attested copies of the Certificates]

1	S.S.C. Mark Sheet	
2	H.S.C. Mark Sheet	
3	School / College Transfer / Leaving Certificate	
4	First year Mark Sheet	
5	Second Year Mark Sheet	
6	Third Year Mark Sheet	
7	Equivalence certificate in case graduation result is in grade	
8	Post graduation Mark Sheet	
9	Equivalence certificate in case PG result is in grade	
10	Caste Certificate	
11	Score card of the Entrance Exam	
12	Non-Creamy Layer Certificate	
13	Widow/Orphan Certificate	
14	Provisional Eligibility Certificate	
15		

Total No. of Certificates attached:

Checked by: Entered by: Verified by:

Other Notes: