



Nizar Rahim and MARK School of Architecture Kollam

APPLICATION FORM FOR PROVISIONAL REGISTRATION TO
FIRST YEAR BACHELOR OF ARCHITECTURE (Five Year
Course)

Academic Year 2018 - 19

- This form is for candidates seeking admission at **Nizar Rahim and Mark School of Architecture** under Institute Level / Management
- All required details should be carefully & correctly filled up by the candidates
- Application should be supported by attested photo copies of mark sheets of **class X & class XII** examinations
- The score card of **NATA-2017** must also be attached with this form
- All information should be in **CAPITAL LETTERS** and **BLACK INK** only

Attested true copies of following certificates are attached with the Application form:

(Please the appropriate)

- SSLC Mark sheet
- HS Mark sheet
- College Leaving Certificate
- HSC Passing Certificate
- NATA Score card
- GAP Certificate
- Caste Certificate
- Caste Validity Certificate
- Domicile Certificate
- Migration Certificate
- Nationality Certificate

To,
The Principal
Nizar Rahim and Mark School of Architecture
Kollam-691 016

Sir,
I hereby provisionally apply to the First Year of the Bachelor of Architecture Course at your institute. I agree to abide by all rules and regulations of the college.

Name in Full: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____ Sex: _____ Nationality: _____

Category: _____ OPEN/SC/ST/DT/NT/NT1/NT2/NT3/OBC/SBC/VJ

Residential Address (with Pin Code):

Telephone No: Land line (with STD code): _____

Mobile: _____ Email ID _____

Parents/Guardians Contact Details _____

DETAILS OF EXAMINATION PASSED

Sl.No	Examination	Name of Institute/College	Name of the Board	Marks Obtained	Year of Passing
1	X				
2	XII				

NATA	Candidate ID :	Score:	Year of Passing: 20....
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DECLARATION BY THE STUDENT:

I hereby declare that, the information furnished by me is correct and true to the best of my knowledge. I have not suppressed any information and I shall also be liable for civil/criminal action by the Competent Authority against me if any of the information provided by me is found incorrect.

Date Place Name & Signature of Student

DECLARATION BY THE PARENT / GUARDIAN

The particulars furnished by my ward are true and correct.

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Date Place Name & Signature of Parent / Guardian

DETAILS OF DEMAND DRAFT/CASH RECEIPT:

DD No./Receipt No. Date Bank

FOR OFFICE USE/ REFERENCE: