



# Nizar Rahim and MARK School of Architecture Kollam

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

Academic Year 2017 – 2018

- 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.

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Date                      Place                      Name & Signature of Student

**DECLARATION BY THE PARENT / GUARDIAN**

The particulars furnished by my ward are true and correct.

.....  
Date                      Place                      Name & Signature of Parent / Guardian

**DETAILS OF DEMAND DRAFT/CASH RECEIPT:**

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DD No./Receipt No.                      Date                      Bank

**FOR OFFICE USE/ REFERENCE:**