

Serial No.

Admission Registration No.

FORM - A



**BHARATIYA VIDYA BHAVAN**  
Bhavan's H.B. College of Communication and Management,  
Race Course Road, Bengaluru - 560 001 and  
**MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH**  
KAPMC, 60 Feet Road, Kalayana Nagara, Sagara Road,  
Malligenahalli, Shivamogga-577205

Stamp Size  
Photo**APPLICATION FOR ADMISSION TO DIPLOMA IN COUNSELLING**

(Note: Candidates are advised to read the Website before filling the application  
Incomplete applications are liable for rejection)

To be Attested by  
Gazetted Officer

|  |         |   |                          |                          |                              |  |
|--|---------|---|--------------------------|--------------------------|------------------------------|--|
| Program Title (Abbreviated):   |         | Program Code:   |                          |                          |                              |  |
| 1. Name of the Applicant<br>(In Block Letters)   |         |   |                          |                          |                              |  |
| 2. Father's Name   |         |   |                          |                          |                              |  |
| 3. Mother's Name   |         |   |                          |                          |                              |  |
| 3. Address for Communication   |         |   |                          |                          |                              |  |
| Place:   |         | Post:   |                          |                          |                              |  |
| Taluk:   |         | District:   |                          |                          |                              |  |
|  |         | Pincode:  |                          |                          |                              |  |
| E-mail:  |         |   |                          |                          |                              |  |
| Mob:   |         | Office  |                          |                          |                              |  |
| Whatsapp No.   |         | Residence   |                          |                          |                              |  |
| Is the above address accessible to professional courier service Yes / No   |         |   |                          |                          |                              |  |
| 4. Place and Date of Birth (As entered in<br>SSLC/ Equivalent Examination Certificate/<br>Document acceptable by Court of law or<br>Government as proof of age to be enclosed. |         | Place <input type="text"/>  |                          |                          |                              |  |
|  |         | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> |                          |                          |                              |  |
| 5. Nationality / Domicile  |         | 6. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>   |                          |                          |                              |  |
| 7. Institution and University from which the<br>qualifying examination is passed   |         |   |                          |                          |                              |  |
| 8. Qualifying<br>Examination   | Degree: | Month & Year<br>of Passing  | Class Percentage         |                          |                              |  |
| 9. Occupation  |         |   |                          |                          |                              |  |
| 10. Admission Registration details :   |         |   |                          |                          |                              |  |
| Payment Date   | Amount  | Mode of Payment   |                          |                          | UTR/UTI No. (Transaction ID) |  |
|  |         | G.Pay   | Phonepe                  | Paytm                    | UPI                          | Others   |
|  |         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>                                   |
| Admission recommended by   |         |   |                          |                          |                              | Place :<br><br>Date :<br><br>Signature of the<br>Applicant |
| 1. BVB Blore <input type="checkbox"/>  |         | 5. Ms. Rekha, Solapur <input type="checkbox"/>  |                          |                          |                              |  |
| 2. Mr. Shivananda Nayak, Blore <input type="checkbox"/>  |         | 6. Dr. Shwetha, Mangalore <input type="checkbox"/>  |                          |                          |                              |  |
| 3. Ms. Nagashri, Mysuru <input type="checkbox"/>   |         | 7. Manasa, Shivamogga. <input type="checkbox"/>   |                          |                          |                              |  |
| 4. Dr. Lancy D Souza, Mysuru <input type="checkbox"/>  |         | 8. Any other <input type="checkbox"/>   |                          |                          |                              |  |

**DECLARATION**

I hereby solemnly and sincerely affirm that statement made and information furnished in the application submitted by me are true. Should it however be found that the information furnished therein is not actually true, I know that I am liable for prosecution and forfeiture of the admission.

Signature of the Applicant

Serial No.



**BHARATIYA VIDYA BHAVAN**  
Bhavan's H.B. College of Communication and Management,  
Race Course Road, Bengaluru - 560 001  
and



FORM - B

Admission Registration No.

(for office use)

**MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH**

KAPMC, 60 Feet Road, Kalayana Nagara, Sagara Road,  
Malligenahalli, Shivamogga-577205

Passport size  
photo

PHOTO TO BE  
SELF ATTESTED

**EXAMINATION APPLICATION FORM**

Exam Centre Tick (✓) box above the name of Place

|                                |           |         |        |         |
|--------------------------------|-----------|---------|--------|---------|
|                                |           |         |        |         |
| Bangalore                      | Mangalore | Shimoga | Mysore | Solapur |
| Write the Exam Centre selected |           |         |        |         |
|                                |           |         |        |         |

Program Title (Abbreviated):

Program Code:

Details of the Candidate

Name

Date of Birth: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Age: 

|  |  |
|--|--|
|  |  |
|--|--|

Sex: 

|   |   |        |
|---|---|--------|
| M | F | Others |
|---|---|--------|

Address for Communication

Pin Code 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

List papers of the courses with code Nos.  
(Against each paper, If not appearing write NA and if appearing write APP)

Give year if repeater

| SI. No. | Paper Code No. | Paper Title | NA/APP |
|---------|----------------|-------------|--------|
| 1       | 01             |             |        |
| 2       | 02             |             |        |
| 3       | 03             |             |        |
| 4       | 04             |             |        |
| 5       | 05             |             |        |
| 6       | 06             |             |        |

Certified xerox copies of marks cards of ALL PREVIOUS exams to be enclosed and attested by Gazetted Officer

Date:

Signature of the Candidate

Academic Director