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BENGALURU SCHOOL OF VISUAL ARTS

KARNATAKA CHITRAKALA PARISHATH

(Affiliated to Bengaluru Central University) Kumara Krupa Road, Bengaluru – 560 001

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APPLICATION FOR ADMISSION TO **B.V.A SPECIALIZATION 2020-21** No. 1. Name of the Applicant (Write in Block Letters) as is in your X/XII Marks Card 2. Gender Male | Female : | **Nationality** 3. Name of Father/Guardian/Spouse: 4. Name of Mother: 5. Mother Tongue, Religion & Caste: 6. Date of Birth: Place: Age: 7. Postal Address for Correspondence: Permanent Address: Local Address: Tel / Mobile No: Email: Student Tel / Mobile No: Email: **Parents** Tel / Mobile No: Email: Parents / Local Guardian Languages known 1. 2. 3. 4. Parent's Annual Income ST Rural / Urban Claiming for reservation SC BC BT GM Any other category

Children of Defence

Ex Servicemen

NCC

Sports

* Applicable to only those who have successfully completed B.V.A. Foundation Name of the last examination appeared and Passed with Reg. No. College Name: Registration No. Year: Class: State: Percentage: Country: Tick () any one of the Specialization you would like to opt as a specialization * Painting * Applied Art * Sculpture * Graphic Art * Art History * Animation & VFX * Ceramics A. Declaration by the Candidate 1. All the particulars stated in this application are true to the best of my knowledge and belief. 2. 75% attendance is compulsory in each subject. 3. Internal submissions are compulsory failing which the candidate will not be permitted for final submission of Examination of that subject despite having the necessary attendance. 4. Ragging is strictly banned in this campus. 5. Candidate found guilty of drugs & smoking will be dismissed from the college immediately. 6. I hereby declare that I have carefully read the rules of admission and I shall abide by them. B. Undertaking by Parent / Legal Guardian 1. In the event of the above applicant who is my son/ daughter / being admitted to the Institution, I hereby give an undertaking to pay all his / her fees due regularly to the institution till the completion of his / her course, studies within the prescribed deadline. 2. I also undertake the responsibility for his / her conduct. 3. Is the candidate under medical supervision 4. If yes - mention phone number to be contacted in case of emergency. 5. Nature of First aid to be administered. Place: Signature of the Applicant Signature of Parents / Guardian Date: Note: All the Columns to be duly filled up compulsorily For office use only On Verification, the application and other records of the candidate are in order Mr..... Admission No. Mrs.may be admitted to.....for the academic year.....

Date

Principal