

VMS DEGREE COLLEGE [O.U Affiliated]

Call us: +918801653475 Email-id: vmsdegreecolege@gmail.com

Courses Offered: BBA | B.COM (GEN & COMP) | B.SC (MSCS)

APPLICATION FORM

Please Speci	ify The Course Your In	nterested In :			
Name Of Th	e Applicant (As Per	SSC Certificate):			
Date Of Bir	th (DD/MM/YYYY) :_				
Father Nam	e :	Mother Name :	Mother Name :		
Phone Num	nber :	Whatsapp Number :			
Email-id : _				Candidate Photo	
Address :			_		
Religion: _	gion: Caste : Sub-Caste :				
Income Cer	tificate No :	Caste Certificate I	No :		
Degree :		Medium :	Second Language :		
Intermediat	e Hallticket No:	Medium :	Second Language	:	
SSC Hallticket No:		Medium :	Second Language	:	
SNO	Class	School / College Name	District	Mandal	
1	6 th Class				
2	7 th Class				
3	8 th Class				

Declaration:

I Declare That The Information furnished in this application form is correct to the best Of Knowledge.

Place: Sign Of The Candidate: Sign Of The Parent / Guardian:

Date: Name: Name:

Guidlines For Submission:

9th Class

10th Class

11th Class

12th Class

4

5

6

7

Submit Xerox Copies Of The Available Educational Documents.

R.Fee	D.ld	PIN	App Fill	Web	Confirmation	Status