



Rashtreeya Sikshana Samithi Trust
 R.V.COLLEGE OF ARCHITECTURE
 (Affiliated to VTU, Belagavi & Approved by CoA, New Delhi)
 CA Site No.1,Banashankari 6th Stage, 4th Block,
 Near Chikkegowdanapalya Village, Off. Vajarahalli Main
 Road, Bangalore-560062

Phone:080-22717820/21/22
 Fax:080-29758999
 Website:www.rvca.in
 Email ID: principal@rvca.in

APPLICATION FORM FOR ADMISSION TO B.ARCH.PROGRAM FOR THE ACADEMIC YEAR 2018-19

ALL ENTRIES TO BE MADE AS PER ALLOTMENT ORDER

All fields with *are mandatory

Fee Details

Paid at KEA /COMED-K /MNGT	Receipt No*	Amount*	Date of receipt*	Paid at RVCA fee-1	Receipt No*	Amount*	Date of receipt*
Paid at Principal Account Fees	Receipt No*	Amount*	Date of receipt*	Paid at RVCE fee-2	Receipt No*	Amount*	Date of receipt*

1.	Name of the candidate (As per SSLC/10th standard Marks Card/PUC/12th Standard Marks card) *		
2.	Father's Name *		
3.	Mother's Name *		
4.	Parent's Occupation		
	Name of the Organization		
	Parent's Designation/Occupation		
	Annual Income *	Rs	
	PAN Number		
5.	Office Contact Numbers/Fax		
	Office Number with STD Code	STD Code	
	Fax Number	STD Code	
6.	Permanent Postal Address (Provide a copy of the address proof)* Any change in the postal address to be informed to us with new address proof without fail		
	City/District*		
	State *		
	Pin Code *		
	Landline Number with STD Code	STD Code	
	Parent's Mobile Numbers	Father's Mobile Number*	
		Mother's Mobile Number	
	Parent's E-Mail Address	Father's Email Address	
		Mother's Email Address	
7.	Name and Address of Local Guardian if any (Provide a copy of the address proof)Any change in the postal address to be informed to us with new address proof without fail		
	Name of local gaurdian		
	Address of the Local Guardian		
	City/District		
	State		
	Pin Code		
	Phone No:(with STD Code)		
	Guardian's Mobile Number		
	Guardian Email-ID		
8.	KEA/COMED-K/MQ Details(Tick as applicable)*		
	Quota *	Round *	
	<input type="checkbox"/> KEA <input type="checkbox"/> COMED-K <input type="checkbox"/> MANAGEMENT QUOTA <input type="checkbox"/> KEA-HYD-KAR <input type="checkbox"/> OTHERS	<input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> SECOND EXTENDED <input type="checkbox"/> THIRD ROUND	
	Register No.:TAT No.(COMED-K) / KEA No.(KEA)/ JEE *		
	Name of the Apptitude Test*		
	Rank of Apptitude Test & Marks*		
	Rank in KEA / COMEDK/JEE*		
	KEA/COMED-K/Mngt Allotment Order Date *		

Present working details: Designation/ USN (If studying currently)		Present working details: Designation/ USN (If studying currently)		<input type="text"/>
<input type="text"/>	Name of the organization	<input type="text"/>	Name of the organization	<input type="text"/>
<input type="text"/>	Address of the organization	<input type="text"/>	Address of the organization	<input type="text"/>
*The information furnished is true to the best of my knowledge and if found false, appropriate action may be initiated against us as deemed fit. I Agree <input type="checkbox"/>				
Reset	<input type="text"/>	Submit Form	<input type="text"/>	<input type="text"/>