

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
Vinodini building, 1st cross, Park Extension,
Near Mallikarjun Talkies, Durgigudi, Shivamogga-577201

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 (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 SSLC/ Equivalent Examination Certificate/ Document acceptable by Court of law or 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 qualifying examination is passed						
8. Qualifying Examination	Degree:	Month & Year 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						
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"/>				Place :
4. Dr. Lancy D Souza, Mysuru <input type="checkbox"/>		8. Any other <input type="checkbox"/>				Date :
						Signature of the Applicant

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

Vinodini building, 1st cross, Park Extension,
Near Mallikarjun Talkies, Durgigudi, Shivamogga-577201

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:

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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

Sl. 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

Serial No.



BHARATIYA VIDYA BHAVAN
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and



FORM - B

Admission Registration No.

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MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH

Vinodini building, 1st cross, Park Extension,
Near Mallikarjun Talkies, Durgigudi, Shivamogga-577201

Passport size
photo

PHOTO TO BE
SELF ATTESTED

EXAMINATION HALL TICKET

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							
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Near Mallikarjun Talkies, Durgigudi, Shivamogga-577201

Photo
attested by
Gazetted
officer

ADMISSION REGISTRATION CARD

Year

Name & Address

Program Title (Abbreviated):

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangalore	Mangalore	Shimoga	Mysore	Solapur

Specimen Signature of the Candidate

1.

No.

2.

Program
Code:

Academic Director

(Please sign on both dotted lines)

Admission Registration No.



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



MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH

Vinodini Building, Opp. Ramakrishna Lodge
Near Mallikarjuna Talkies, Park Extension, Durgigudi, Shivamogga - 577 201

Photo
attested by
Gazetted
officer

ADMISSION REGISTRATION CARD

Year

Name & Address

Program Title (Abbreviated):

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangalore	Mangalore	Shimoga	Mysore	Solapur

Specimen Signature of the Candidate

1.

No.

2.

Program
Code:

Academic Director

(Please sign on both dotted lines)

INSTRUCTIONS TO THE CANDIDATE

- ❖ Candidates should read the instructions in the Website before filling this card.
- ❖ DO NOT fill Admission Registration Number and year in boxes.
- ❖ This card will be returned with official seal and Admission Reg. Number after which this should be retained till course is complete.
- ❖ The Registration Number given in this card will have to be quoted in every future reference and correspondence
- ❖ This card should be produced for any official clarification and for examination purpose.
- ❖ This card should be produced at the centre of Orientation Programme Contact programme, Practical assignment centre

Official Seal



FOR OFFICE USE

❖ Date of Registration.....

❖ Admission approved

❖ Remarks

❖ Study Centre if any

Name

Office Seal &

Co-ordinator's Signature

Academic Director