



PYRAMID SPIRITUAL SCIENCE ACADEMY

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College Campus: Maitreya Buddha Dhyana Viswalayam

Pyramid Valley International

Kebbedoddi (V), Kanakapura Road, Ramanagar Dist, Karnataka

Affiliated to Bangalore  University, Govt. of Karnataka

APPLICATION

Read the Instructions carefully before filling up the form

Application No:

1. Course of Admission:

2. Name of the Candidate: (In Capital Letters)

INITIAL/S NAME

3. Nationality:

4. Gender: Male Female Transgender

D D M M Y Y Y Y

5. Date of Birth:

Age (As on 1st July 2024): Years

6. Mother's Name: Occupation

Father's Name: Occupation

Or Occupation

Guardian's Name: Occupation

Parents Annual Income (In Rs.):

If Employed

Employment Details:
(Company Name & Address)

Own Annual Income (In Rs.):

Affix
Passport Size
Photo

7. Are you the only Girl child of your Parents?: Yes No

(If yes, please attach an Affidavit attested by a competent authority)

8. Scholarship Registration No. (If Any):

9. Are you from Below Poverty Line family (BPL): Yes No

10. Have you studied for 7 years or more in Karnataka: Yes No

11. Category: SC ST OBC GM

12. Aadhaar Card No:

13. Address for correspondence:

City
 State
 PIN Code

14. Phone No. Alternate No.

15. E-Mail ID:

16. Are you a student of Hyderabad – Karnataka? Yes No

17. Have you studied in Rural Area up to 10th Std? Yes No

18. Have you studied in Kannada Medium up to 10th Std? Yes No

19. Are you from Bangalore University Employee's family? Yes No

If Yes: Teaching Staff Non-Teaching Staff

20. Details of Qualifying Examination

a. SSLC Reg. No. Year Percent

b. PUC Reg. No. Year Percent

c. Degree	<input type="text"/>	University	<input type="text"/>
Reg. No.	<input type="text"/>	Year	<input type="text"/>
d. P.G. Degree	<input type="text"/>	University	<input type="text"/>
Reg. No.	<input type="text"/>	Year	<input type="text"/>

22. Other examinations passed

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

23. Do you need Hostel Accommodation? Yes No

24. Any other information you would like to furnish

<input type="text"/>

25. Total Number of enclosures attested by Gazetted Officer:

Declaration by the Candidate

I hereby declare that the above information provided by me is true; I have not concealed any information. The College (PSSA) can initiate action against me, if I have furnished any wrong information.

D D M M Y Y Y Y

Date:

Signature of the Applicant

Place:

Name: