



# M. S. RAMAIAH UNIVERSITY OF APPLIED SCIENCES

## ADMISSION ENQUIRY FORM Date:.....

Name of the Candidate:

First Name	Middle Name	Last Name
Gender	Male/ Female/ Transgender	
Name of the Parent/ Guardian		
State of Domicile		
Nationality		
Qualifying Exam Passed/ Appeared		
Address for Correspondence		
Email Id:		
Contact No:		

Programme of Interest: (Please Tick the appropriate course)

UG Program	PG Program	PhD Program
B.Tech	M.Tech	Engineering
B.Design	M.Design	Art & Design
BHM	MBA	Management
BDS	M.Com	Chemistry
B.Pharm	M.Sc	Physics
Pharm-D	M.Pharm	Mathematics
B.Sc. (Hons)	MHA	Hospitality Management
B.Com (Hons)	MDS	Dental Sciences
BBA	MBA- Hospitality Management	Pharmacy
	MBA- Pharma Business Management	
	MBA- Innovation & Entrepreneurship	

How did you come to know of this University- information obtained through (Please tick)

Newspaper Advertisement	Existing Students
Website/ Search Engine	Brochure
Notice Board	Education Fairs
Word of Mouth	Others:
<b>Your Query (if any):</b>	

Signature of the Candidate /Enquirer

Signature of the Admission Counselor