



**SESHADRIPURAM EDUCATION TRUST**  
**SESHADRIPURAM INSTITUTE OF COMMERCE AND MANAGEMENT**

(Affiliated to Bangalore University)  
 No. 40, Girls' School Street, Seshadripuram, Bengaluru - 560 020.  
 E-mail : info@sicm.edu.in Fax. 080-23462472 Ph.:22955382  
 Web.: www.sicm.edu.in

No. **APPLICATION FOR ADMISSION TO****FIRST YEAR B.Com.**Admission No. 

Please TICK whichever is applicable [✓]

**Qualifying Examination**

PUC
CBSE
ICSE
OTHER STATE

**Category**

I	IIA	IIB	IIIA	IIIB
SC	ST	GM		

**Marks**Total marks secured Maximum marks Percentage Year of Passing **NOTE:**

1. Enclose a copy of caste certifie as per G.O. SW/D/150/BCA/94, for claiming seat under reservation category and copy of attested marks sheet.

(INCOMPLETE/INCORRECT APPLICATION FORMS WILL BE REJECTED)

1. Name of the Applicant [in full with Block Letters]			
2. a) Date of Birth (as entered in qualifying examination)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Aadhar Card No.			
4. Religion/Nationality / Caste			
5. Part-I I Language (Tick)	Kannada	Hindi	Sanskrit
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Institution last Studied			
7. Subject studied under Qualifying examination (TICK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**First Year B.Com.**No. 

Name of the Applicant: \_\_\_\_\_

Amount Received 

Receipt / DD NO.....