



# Beehive (PG) College

Form No. \_\_\_\_\_

Affiliated to H.N.B. Garhwal University, Srinagar  
Affiliated to Uttarakhand Tech. University, Dehradun  
Approved by AICTE, NCTE, Ministry of HRD Govt. of India.

## BNAT 2009

Campus: Beehive City, Central Hope Town, Selaqui, Dehradun.  
Tel: 91-135-2698809, 2110711, Fax: 0135-2698183 Website: www.beehivecollege.com

### APPLICATION FORM

Paste Your  
Self Attested  
Recent Color  
Passport  
Size  
Photograph

- (1) Choice of Center (Mention only one) \_\_\_\_\_
- (2) Course applied (in order of Preference & Eligibility) 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_
- (3) Sex Male  Female
- (4) Name Mr./Ms. \_\_\_\_\_  
(In Capital Letters) First Name Middle Name Last Name
- (5) Date of Birth (DD/MM/YY) \_\_\_\_\_
- (6) Father's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Designation \_\_\_\_\_
- (7) Mother's Name \_\_\_\_\_
- (8) Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile \_\_\_\_\_
- E-mail ID (Mandatory Column) \_\_\_\_\_
- (9) Educational Qualifications:

Exam Passed	School / College	Board / University	Year	Main Subjects	Division & Marks Obtained	%age of Marks
Xth						
XIIth						
Graduation						
P.G.						

(10) How did you come to know about our college (Mention)

I certify that the information given in the application form is complete and accurate to the best of my knowledge and belief. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

Signature of the Candidate \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Guardian \_\_\_\_\_ Place \_\_\_\_\_



## Beehive (PG) College, Dehradun

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Tel: 0135-2110711, 2698809 E-mail: [contact@beehivecollege.com](mailto:contact@beehivecollege.com)  
[www.beehivecollege.com](http://www.beehivecollege.com)

### BNAT - 2009

(For Office Use Only)

Roll No. \_\_\_\_\_

Exam Centre \_\_\_\_\_

Particulars	Date	Time
Written Test		

Paste Your  
Self Attested  
Recent Color  
Passport  
Size  
Photograph

Name & Mailing Address in BLOCK LETTERS (To be Filled by the Candidate) (**Office Copy**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate's Signature

Pin

Date \_\_\_\_\_