



GARDEN CITY UNIVERSITY

University Established under Karnataka State Act 47 of 2013

EMPHASIS ON LIFE

ENROLMENT FORM

Name: Mr. / Ms.

Date of Birth:

Sex: Male

Female

Qualifying Examination:

Name of Father / Mother / Guardian:

&

Occupation:

Nationality: Indian

NRI

Foreign

If Foreign

Please mention Nationality:

Passport No:

Address for Communication:

Landline / Mobile Number:

Email Id:

AADHAAR Number of the student:

(applicable only for Indian Nationals)

Course Opted For:

I heard about Garden City University through (Please Tick):

Newspaper

Magazine

TV Channel

Counsellor

Website

Friends

Referral

Alumni

Specify:

Signature of the Applicant

Signature of the Parent