



BRILLIANT GROUP OF TECHNICAL INSTITUTIONS

Sponsored by Brilliant Grammar School Educational society, Dilsukhnagar

Approved by AICTE, PCI, Affiliated to JNTU Hyderabad

Abdullapur (V) Hayathnagar (M), R.R. Dist., Hyderabad – 501 505

Courses offered: Polytechnic, U.G (CIVIL, Mechanical, EEE, ECE, CSE, IT, AERO, B.PHARMACY) P.G (M.Tech, M.Pharmacy, MBA)

PRELIMINARY APPLICATION FORM

Date:

1. Name of the applicant in full : _____
(In Block Letters as for SSC)
2. Father Name : _____
3. Date of Birth : _____
4. Address for communication : _____
: _____
5. Tel.No/Mobile No. : _____ / _____
6. Nationality : _____
7. Category: management Quota/NRI
Foreign Student Quota (if applicable) : _____
8. OC/BC (A, B, C, D), SC/ST : _____
9. Details of qualifying Examination (10+2) OR Degree

Course	Board/ university	Month & year Of passing	Marks Obtained	Percentage of Marks	CEEP/EAMCET/ECET/ ICET/PGECET.H.No.	CEEP/EAMCET/ECET/ ICET/PGECET - Rank
SSC						
DIPLOMA						
INTER						
DEGREE						

10. Name of the Institution in which admission is required. Indicate the choice of college (✓)

1. KNRR 2. BRIL 3. BRIG

11 Name of the course in which admission is required

A) POLYTECHNIC: EEE ECE MECH CIVIL

B) B.TECH: EEE ECE CSE CIVIL MECH

C) B.PHARMACY D). MBA

E) M.TECH: CIVIL (SE, TE) ECE (VLSI, ES, VLSI&ES) EEE (PE/EPS)

MECH (CAD/CAM/AMS/Thermal, MD) CSE (CSE/SE)

F) M.PHARMACY: PHARMACOLOGY PHARMACEUTICS PMRA PAQA I P P C

12. Structure of payments: at a time /Year wise /installment:

13. with Reference of:

14. Reference : Mention the name of two persons known to you with phone Number's

1)

2)

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Abdullapur (V), Hayathnagar (M), R.R. Dist., Hyderabad - 501 505

Name : _____

Father Name : _____

Branch : _____

Hall Ticket No. : _____

Permanent Address : _____

Present Address : _____

Personal Mobile No. : _____

Father Mobile No. : _____

Mother Mobile No. : _____

Brother & Sister NO : _____

Aadhar card no : _____

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Abdullapur (V), Hayathnagar (M), R.R. Dist., Hyderabad -501 505

Name: _____

Father Name _____

College Name: _____

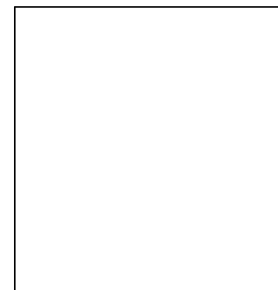
Branch: _____ Course: _____

Hall ticket No: _____ Contact No. _____

Academic Year: _____ Date of Birth _____

Permanent Address: _____

Blood Group: _____



PRINCIPAL