



Date :

Application No

Registration NO:

PLEASE TICK THE COURSE YOU WISH TO APPLY

Undergraduate Courses		
Shift I		Shift II
<input type="checkbox"/> B.Com.(General)	<input type="checkbox"/> B.Sc., Bio-Chemistry	<input type="checkbox"/> B.Com (General)
<input type="checkbox"/> B.Com. (Corporate Secretary ship)	<input type="checkbox"/> B.Sc. Micro-Biology	<input type="checkbox"/> B.Com (Bank Management)
<input type="checkbox"/> B.Com. (Accountancy & Finance)	<input type="checkbox"/> B.Sc., Mathematics	<input type="checkbox"/> B.Com (Information System Management)
<input type="checkbox"/> B.B.A.	<input type="checkbox"/> B.A., English	
<input type="checkbox"/> B.C.A	P.G. Courses	
<input type="checkbox"/> B.Sc., Computer Science	<input type="checkbox"/> M.Com.,	<input type="checkbox"/> M.Sc. Computer Science
	<input type="checkbox"/> M.Sc., Bio-Chemistry	

Affix Photo Here

PERSONAL INFORMATION

Name			
Date of Birth			
	Day	Month	Year
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality
Religion	Caste		
Community	<input type="checkbox"/> ST	<input type="checkbox"/> SC	<input type="checkbox"/> SCA
	<input type="checkbox"/> MBC	<input type="checkbox"/> DNC	<input type="checkbox"/> BC
	<input type="checkbox"/> BCM	<input type="checkbox"/> OC	

FAMILY DETAILS

Parent/ Guardian

	Father	Mother
Name		
Qualification		
Occupation		
Annual Income		
Mobile		

CONTACT INFORMATION

Address		
City	Pincode	State
Phone		

MEDICAL/ DISABILITY NEEDS

The information below is used to assist the University in monitoring, supporting and improving services to students with medical / disability requirements. Disclosing this information will not affect your admission to the college.

Are you physically handicapped?

If yes, please enclose the necessary certificate.

Yes No

OTHER INFORMATION

Are you a son / daughter of Ex-Serviceman of Tamil Nadu?

Yes No

Do you have a distinction in Sports NCC / NSS & Other Extra curricular activities

Yes No

Name & address of school last studied

EDUCATIONAL QUALIFICATION

Subject	Marks	Maximum	Month/ Year if Passing	Register No.	No. of Attempts
PART I Tamil / Hindi /		200			
PART II English		200			
PART III					
1.		200			
2.		200			
2.		200			
4.		200			
TOTAL		1200			

I declare that all the particulars furnished above are true and correct.

I acknowledge that I will abide by all the rules and regulations of the college.

Signature of Applicant

Signature of Parent

Date:

Place:

FOR OFFICE USE ONLY

CERTIFICATES VERIFIES

- HSC
- Community
- Conduct
- Special Category
- Transfer Certificate

COLLEGE ADMISSION

- Approved
- Not Approved

Date of Approval:

Signature of H.O.D.

PRINCIAL