KOVAI KALAIMAGAL COLLEGE OF ARTS AND SCIENCE

NARASIPURAM (POST) THONDAMUTHUR (VIA), COIMBATORE-641 109

PHONE : 0422-2650131, 2650132, 2650703 Fax : 2650427

(Affiliated to Bharathiar University, Coimbatore)

(An ISO 9001:2000 CERTIFIED INSTITUTION)

APPLICATION FORM FOR ADMISSION TO PG COURSE

Course Applied For

1. Read all the instruction carefully before filling up the application form.
2. Mark ✓ in the appropriate box wherever applicable.
3. The candidate should ensure that correct marks, age and community are furnished by him/her in his/her application form. The candidate is informed that if after proper scrutiny it is found that the particulars furnished by him/her in the application form are not correct, then
   (i) he/she will forfeit the admission, no matter at what stage of the course he/she will be in, at that time.
   (ii) he/she is liable to be debarred from pursuing any course of study for a period of three years.
   (iii) legal action will be instituted against him/her for furnishing wrong particulars.

Space for affixing Passport size photograph

1. Name :
   (in block letters with initials at the end.)
   Address for communication : ……..

   ……..

   ……..

   ……..Pin Code……

2. Sex : Male ☐ Female ☐

3. (i) Date of Birth & Age : Date of Birth (Christian Era) Age as on 1.7.

Date	Month	Year	Years	Months	Days

   (ii) Place of Birth : …… …… ……
   Village/town/city District State

4. (a) Community : ST ☐ SC ☐ MBC/DNT ☐ BC ☐ FC ☐

   (b) Name of Caste
   (In case of BC/MBC/DNT/SC/ST only) : ……..

   (c) Religion :

5. Are you a citizen of India ? : Yes ☐ No ☐

6. Mother Tongue : ……. ……..

7. i) Name of Father : ……. ……..

ii) Name of Mother : ……. ……..

iii) Res. Address of parent : ……. ……..

for communication : ……. ……

……. ……

……. ……

iv) Telephone Number : ……. ……..

v) Occupation of the parent with : ……. ……..

designation,

Department/Office address : ……. ……..

vi) Telephone Number : ……. ……..

8. a. Name of Guardian (if applicable) : ……. ……..

b. Address of Guardian : ……. ……..

for communication : ……. ……..

: ……. ……..

: ……. ……..

9. Annual Income of Parent / Guardian : ……. ……..

10.Extra curricular activities (Original certificate must be produced at the time of admission)

		Yes	No		Yes	No
(a)	Sports	☐	☐	(d) Social Service	☐	☐
(b)	Games	☐	☐	(e) Other Extra Curricular activities	☐	☐
(c)	N.C.C	☐	☐			

11.Proficiency in sports and games : Represented ☐ Nation ☐ State ☐ Dist ☐

Not applicable ☐

12.Academic performance : HSC

Name of the Institution with address	% of marks	Years of passing
…….. ….	……	…….……..
…….. ….	……	…….……..
…….. ….	……	…….……..

13. Qualifying Examination :

(Enclose attested copies of mark sheets. At the time of admission original certificates should be furnished)

i) Name of the Degree obtained :

ii) Duration :

iii) College and University :

iv) Month & Year of passing :

v) Percentage of marks in III part :

vi) Class obtained :

Sl. No.	Subjects (Main & Ancillary)	Year of Passing	% of Marks	Class obtained	No. of attempts
1	……	……	……	……	……
2	……	……	……	……	……
3	……	……	……	……	……
4	……	……	……	……	……
5	……	……	……	……	……
6	……	……	……	……	……
7	……	……	……	……	……
8	……	……	……	……	……
9	……	……	……	……	……
10	……	……	……	……	……
11	……	……	……	……	……
12	……	……	……	……	……
13	……	……	……	……	……
14	……	……	……	……	……
15	……	……	……	……	……
16	……	……	……	……	……
17	……	……	……	……	……
18	……	……	……	……	……
19	……	……	……	……	……
20	……	……	……	……	……
21	……	……	……	……	……
22	……	……	……	……	……
23	……	……	……	……	……
24	……	……	……	……	……
25	……	……	……	……	……
26	……	……	……	……	……
27	……	……	……	……	……
28	……	……	……	……	……
29	……	……	……	……	……
30	……	……	……	……	……

14. I declare that all the information stated above are correct and true to the best of my knowledge.

I confirm that I have read the instruction No.3 on the first page of this application and assure that I will abide by the same.

Place :

Date : Signature of Parent/Guardian Signature of the Applicant

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FOR OFFICE USE ONLY

1. Qualifying Examination : Degree……..
   Year of Passing…….
   Class……..% of marks……

2. Community : ST ☐ SC ☐ MBC/DNT ☐ BC ☐ FC ☐

3. Application form complete : Yes ☐ No ☐

4. Particulars verified by : Name……Signature……

5. Originals verified by : Name……Signature……

6. Countersigned by : Name……Signature……

7. Reasons in case of rejection : ……
   ……
   Name……Signature……

Signature of Principal