| APPLICATION FORM ISSUED TO: | | | | | | | | | | | PG A | ۱PP | LIC | ATIC | N No | D.: | Г | | | | | | | | | | |
|---------------------------------|---|--|-----|--|--|--|----------------------|---------------------|----|---------------------------|---------------------------------------|---|--|------|------|--------|---|------|---------|--------|---|----|--|--|--|--|--|
| REGISTRATION NO.: DATE: | | | | | | | | PG APPLICATION No.: | | | | | | | | \neg | | | | | | | | | | | |
| KONGUNADU GNANAMBIKA APPLICAT | | | | | J ARTS AND SCIEN (AUTONOMOUS) (AI MILLS (P.O), COIMBATO TION FORM FOR ADMIS EE COURSE FOR THE Y | | | | | TORI | ORE - 641 029. | | | | | | SPACE FOR LATEST PASSPORT SIZE PHOTOGRAPH TO BE AFFIXED AFTER ADMISSION | | | | | | | | | | |
| COURSE: MATHEN | | | | | | | | | | | | | | | | 1Y | Y | | | OOLOGY | | | | | | | |
| | NAME S IN SSLC | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | DATE OF | BIRTH 3. CO | | | | | | | СО | MMUNITY SC/SCA/ST MBC/DNC | | | | | | С | вс | , 11 | BC M | ОС | | | | | | | |
| 4. | CASTE | 5. NATI | | | | | | | | ATIO | 10 | DNALITY 6. SE | | | | | | | ΕX | М | F | T* | | | | | |
| 7. | NAME OF | PARENT / GUARDIAN (MENTION RELATIONSHIP) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | OCCUPAT | TION | | | | | | | | | 9. ANNUAL INCOME | | | | | | | | | | | | | | | | |
| 10. | 10. ADDRESS FOR COMMMUNICATION | | | | | | | | | | 11. IF PHYSICALLY HANDICAPPED SPECIFY | | | | | | | | | | | | | | | | |
| | | | | | | | | | | - | 12. | 12. ARE YOU SON / DAUGHTER OF EXSERVICEMAN OF TAMILNADU ORIGIN | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 13. | 3. ARE YOU OF TAMIL ORIGIN FROM ANDAMAN NICOBAR ISLANDS? | | | | | | | | | | | | | | |
| PHONE NO. | | | | | | | | | | | | | 14. DISTINCTION IN SPORTS / NCC/ NSS | | | | | | | | | | | | | | |
| 15. | NATIVE PL | TIVE PLACE | | | | | | | | | | Ī | 16. | DIS | TR | ICT | | | | | | | | | | | |
| 17. | MOTHER | TONG | GUE | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | 18. EXTRA CURRICULAR ACTIVITIES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | 19. DO YOU WANT HOSTEL ACCOMMODATION ? : YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. | 20. DETAILS OF QUALIFYING EXAMINATION PASSED (FURNISH ON THE REVERSE) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * TRANS GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. INTERVIEW CARD SENT ON | | | | | | | 2. DATE OF INTERVIEW | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COMMUNITY

SPL. CATEGORY

TRANSFER

ELIGIBILITY

3. CERTIFICATES VERIFIED:

BSc MARKS

CONDUCT

ADMITTED IN

ROLL NO

DATE

Station :

Date :

| DET | AILS OF QUALIFY | ING EXA | MINATIO | N PA | SSED | | | | | | | | | | | |
|--|---|-----------------------------------|---------|------|-----------------------------|-------------------|--------------------|----------|--------|----------------------------|---|--|--|--|--|--|
| (i) | NAME OF THE D | EGREE PA | ASSEDE | 3Sc | MAIN SUBJECT | | | | | | | | | | | |
| (ii) | YEAR OF STUDY | / | ' | | (iii) MEDIUM OF INSTRUCTION | | | | | | | | | | | |
| (iv) | NAME AND ADD OF INSTITUTION | | TENTED | | | | | | | | | | | | | |
| (v) | NAME OF THE | UNIVERSI | ITY | | | | | | | | | | | | | |
| (vi) | EXAMINATION | PARTICU | LARS (E | nclo | se attested xe | гох сору с | of mark s | tatemen | ts) | | | | | | | |
| | Subject | Total Marks Secured Maximur | | | Percentage of Marks | Class obtained | No. of Attempts | ו אבת | | Month & Year of Passing | : | | | | | |
| Part I Language | | | | | | | | | | | | | | | | |
| Pai | rt II English | | | | | | | | | | | | | | | |
| Pai | rt III Main / | | | | | | | | | | | | | | | |
| Со | re | | | | | | | | | | | | | | | |
| An: | cillary / Allied I | | | | | | | | | | | | | | | |
| An: | cillary / Allied II | | | | | | | | | | | | | | | |
| (vii) | Percentage 1 | Main / Cor | re | | Ancy. / Alli | ed | Р | art III | | | | | | | | |
| 21. | 21. Details of applications made for other Courses / Colleges | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | DE | CLA | RATION BY | THE APP | LICANT | | | | | | | | | |
| I hereby declare that the particulars given above are correct and based on records. I further declare that, if admitted, I shall strictly abide by the rules and regulations of the college in force and to be framed from time to time. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | S | Signature | e of the | Applic | ant | | | | | | |
| | | | | | | | | | | | | | | | | |

Signature of the Parent / Guardian