

**SRI VENKATESHWARA COLLEGE OF ARTS AND SCIENCE FOR WOMEN
PERAVURANI -614804, THANJAVUR DISTRICT.**



AFFIX
PASSPORT
SIZE
PHOTOGRAPH

APPLICATION FOR ADMISSION 20 -20

Application No:

USE CAPITAL LETTERS ONLY

1.	NAME OF THE APPLICANT								
2.	DATE OF BIRTH				BLOOD GROUP :				
3.	COMMUNITY (As per T.C)	<input type="checkbox"/> OC <input type="checkbox"/> BC <input type="checkbox"/> MBC <input type="checkbox"/> DNC <input type="checkbox"/> SC <input type="checkbox"/> ST Please Mention Your Sub Caste							
4.	AADHAR NUMBER								
5.	RELIGION	<input type="checkbox"/> HINDU <input type="checkbox"/> CHRISTIAN <input type="checkbox"/> MUSLIM <input type="checkbox"/> OTHERS							
6.	NATIONALITY				MOTHER TONGUE :				
7.	DIFFERENTLY ABLED	YES / NO <input type="checkbox"/> VISUALLY <input type="checkbox"/> HEARING <input type="checkbox"/> ORTHOPAEDICALLY							
8.	EXTRA CURRICULAR ACTIVITIES	<input type="checkbox"/> NCC <input type="checkbox"/> NSS <input type="checkbox"/> SPORTS <input type="checkbox"/> OTHERS							
9.	PARENTS DETAILS	NAME		EDUCATION		OCCUPATION		ANNUAL INCOME	
	FATHER / GUARDIAN								
	MOTHER								
10.	IF EX-SERVICMAN	EX-SERVICMAN NO: REGIMENT..... RANK.....							
11.	NAME OF THE SCHOOL LAST STUDIED, EDUCATION (DISTRICT)							
12.	MEDIUM OF INSTRUCTION	<input type="checkbox"/> TAMIL <input type="checkbox"/> ENGLISH							
13.	YEAR OF PASSING				EXAM REGISTRATION NO:				
14.	MARK DETAILS	LANG-I	LANG-II	SUB-1	SUB-2	SUB-3	SUB-4	TOTAL MARKS OBTAINED/ MAXIMUM MARKS 600	TOTAL MARKS OBTAINED/ MAXIMUM MARKS (WITH-OUT LANGUAGE)
		100	100	100	100	100	100		

15.	ADDRESS FOR COMMUNICATION	<p>PRESENT ADDRESS:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>EMAIL ID: _____ MOBILE NO: _____</p>
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DECLARATION

Iunderstand that association with any organization is forbidden. if selected for admission, I promise to abide by the rules and regulations of the college. All the particulars stated in this application are true to the best of my knowledge and belief.

Date : _____ Signature of the parent/Guardian _____ Signature of the Applicant _____

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED:

HSC Marks	Date of Birth	Community	Transfer / Conduct
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Admitted in Branch (Subject) : _____

Signature of staff who processed the application _____

Signature of the Principal _____

Admission No. : _____ Receipt No. : _____

Roll No. : _____ Register No. : _____

PRINCIPAL