

SRI KALISWARI COLLEGE

Application No. _____

(Autonomous, Affiliated to Madurai Kamaraj University)

A. Meenakshipuram, Anaikuttam Post, **SIVAKASI – 626 130**

Phone Nos. 04562 – 232648, 232264

E-Mail : kaliswaricollege@gmail.com Website: www.kaliswaricollege.org

U.G.APPLICATION FORM

Note : 1) All the entries should be made in **Block Letters** and in the **Candidate's own handwriting**.

2) Incomplete application forms will be rejected.

3) **Separate application form should be submitted for EACH COURSE DESIRED**Space for
Photo of the
Candidate

1. Name of the Course

2. Name (in BLOCK LETTERS) (spell as in the +2 Mark Sheet)

Father's Name

3. Date of Birth :

(As in the SSLC Mark Sheet)

Sex*

Male

Female

Transgender

4. Nationality :

Aadhaar No.

5. Religion :

6. a) Community *: (i) OC (ii) BC (iii) MBC (iv) DNC (v) SC (vi) ST

b) Caste :

Are you a First Graduate
in your family ?

Put a ✓ mark

Yes

No

7. Blood Group :

X Std. Reg. No.

Marks:

/500

8. a) Examination passed * : **HIGHER SECONDARY / CBSE / ICSE**

Name & address of the School studied.

Year of Passing

<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

b) Medium of Instruction:

Overall % of Marks

%

c) Marks obtained (Note: Enclose a photocopy of the +2 statement of Marks along with the application)

Subject	Marks obtained	Maximum	Month & Year of Passing	HSC Reg. No.	Number of Attempt (s)
Tamil / Hindi / French		200			
English		200			
1.		200			
2.		200			
3.		200			
4.		200			
Total		1200			

* Tick the item applicable

9. Break in studies, if any

i) _____ years ii) From _____ To _____ iii) Reason _____

10. Information about Parent / Guardian

Parent / Guardian	Name	Educational Qualification	Occupation	Annual Income (Rs.)
Father				
Mother				
Guardian (Specify the relationship)				

Permanent Residential Address:	Address for Communication:
_____	_____
_____	_____
_____	_____
_____ Pin Code _____	_____ Pin Code _____
Taluk _____ District _____	Taluk _____ District _____
Phone No. with STD Code: _____	Phone No. with STD Code: _____
Mobile No. _____	Mobile No. _____
E-mail id: _____	E-mail id: _____

11. Do you require Hostel Accommodation? : **YES / NO**

12. Do you belong to any of the following? If so, produce necessary certificate

a) Physically challenged person : Yes / No	c) Son / Daughter of Ex-Service man : Yes / No
b) Refugee : Yes / No	d) Participation in Sports (State, District) / NSS / NCC

DECLARATION

I declare that all the particulars furnished above are true and correct. I submit that I will abide by the rules and regulations of the College. **I also agree not to insist on the refund of the fee paid by me in case I discontinue my studies from the college due to any reason.**

Station :

Date : _____
Signature of the Parent / Guardian

Signature of the Applicant

FOR OFFICE USE ONLY

CERTIFICATES SUBMITTED

HSC Marks	Transfer	Conduct	Community	Sports	Blood Group	SPL Category

Signature of Staff who processed the Application Form: _____ [Name _____]

Date of admission _____

Admitted to _____

ORDERS OF THE PRINCIPAL

Details of Fee	Receipt No.	Date	Initial of the Cashier	Admission No.
Registration Fee				
Tuition Fee & Special Fee				