

DEVANGA ARTS COLLEGE

ARUPPUKOTTAI - 626 101. Application No.

"Quality Education with Humane Touch"

Application for Admission to Self-Financing Courses

<u>UNDER GRADUATE PROGRAMMES</u>
ROLL N

| Fathe | r's / Guardian's Phot | o 20 | - | 20 | • | _ | Student's Photo | | | |
|----------|---|--|-------|----------------------|-----------|-------------|--------------------------|--|--|--|
| Fat | ther's / Guardian's Photo | Course applied for | | | | | Student's Photo | | | |
| <u> </u> | | | | | | | | | | |
| | • | nn without fail. Applica ute applications for eac | | _ | | pies of Mai | rk Statement will not be | | | |
| | 1 | | | BYTHE APP | | Γ | | | | |
| 1. | Name of the App | licant as in the School | Recor | ds | | | | | | |
| 1. | (in BLOCK LETTERS): | | | | | | | | | |
| 2. | Name of the Applicant in Tamil: | | | | | | | | | |
| 3. | a) Father's Name : Tamil : | | | | | | | | | |
| | English : | | | | | | | | | |
| | b) Mother's Name : Tamil : English : | | | | | | | | | |
| 4. | Date of birth as in the S.S.L.C. : Sex : Male / Fem | | | | | lale / Fema | le | | | |
| ' | (Christian era) | | | | | | | | | |
| 5. | a) Nationalily : Ro | | | on: Caste: | | | | | | |
| | b) Community - SC / ST / MBC / DNC / BC / FC | | | | | | | | | |
| | c) Aadhaar No. | | | ood Group: Email ID: | | | | | | |
| 6. | a) Are you physically handicapped? Yes / No | | | | | | | | | |
| | b) If yes, the nature of handicap Blind / Deaf / Dumb / Ortho (Attach a true copy of medical certificate in support of the above) | | | | | | | | | |
| 7. | Postal Address of (in BLOCK LET | the Parent / Guardian TERS) | 1 | Address to w | vhich com | munication | is to be sent | | | |
| | MOBILE: | | | MOBILE: | | | | | | |
| 8. | Occupation and A | Annual income of pare | | | | | | | | |
| 9. | School / College in which the applicant studied previously with details of course and year | | | | | | | | | |
| 10. | Reasons for break, if any | | | | | | | | | |
| 11. | Whether the applicant desires accommodation in the hostel ? Yes / No | | | | | | | | | |
| 12. | Proficiency if any in athletics, games, histrionics or other co-curricular activities. (Give details) : | | | | | | | | | |

Do you intend to apply for any fee concession

Are you applying to a Professional College?

or Scholarship or other aid? If so, give details:

Give details (False Declaration will be penalized) :

13.

14.

| SUBJECTS | | | TAINED | MONTH & YEAR OF PASSING | REGISTER NUMBER | CLASS OBTAINED | | | | | | |
|---|------------------|-----------------|------------|-------------------------------|--------------------|-------------------|--|--|--|--|--|--|
| Part - I (Languag | ge Selected) | | | | | | | | | | | |
| Part - II ENGLIS | Н | | | | | | | | | | | |
| Part - III (Subjec | ts to be specifi | ed) | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| Total marks | | | | Out of | | | | | | | | |
| Percentage of Marks | | | | | 1 | | | | | | | |
| | DEC | LARATION | N BY A | PPLICANT | | | | | | | | |
| I declare that th | ne particulars g | given above arc | e correct, | and that I will, i | if admitted, abi | de by the rules | | | | | | |
| and regulations of the college. | | | | | | | | | | | | |
| In case of leaving the college, either subsequently or in the middle of course, I Promise to pay an | | | | | | | | | | | | |
| amount decided by the college authorities. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Signature of the Applicant with date | | | | | | | | | | | | |
| DECLARATION BY FATHER | | | | | | | | | | | | |
| I am fully responsible for the good behaviour and proper conduct of my son / daughter | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | Sign | ature of the Par | ent / Guardian | | | | | | |
| | | FOR OFFI | CE USE | ONLY | | | | | | | | |
| 1. Name : | | | | Roll 1 | No.: | | | | | | | |
| 2. Whether admitted | l / in which pro | gramme : | Admn No.: | | | | | | | | | |
| 3. Remarks, if any | - | | | | | | | | | | | |
| Payment of Fees | 1 | Amount | | Receipt. No. | | Date | | | | | | |
| Tuition & Spl. Fee | s | | | | | | | | | | | |
| CHECK LIST | | | | | | | | | | | | |
| CERTIFICATES | XEROX | ORIGINAL | CE | RTIFICATES | XEROX | ORIGINAL | | | | | | |
| HSC MARKS | | | | CONDUCT | | | | | | | | |
| TRANSFER | | | Al | TENDANCE | | | | | | | | |
| COMMUNITY | | | SPI | . CATEGORY | | | | | | | | |

Marks Obtained in H.S.C. Examination (Attested copy of Mark Sheet must be enclosed)