

APPLICATION FORM ISSUED TO :

APPLICATION No. :

REGISTRATION No.



# MUSLIM ARTS COLLEGE

TRIRUVITHANCODE – 629 174.

APPLICATION FORM FOR ADMISSION TO  
B.A./B.Sc./B.Com.CS/BBA

MAJOR	<input type="text"/>	MEDIUM:	<input type="text"/>
ALLIED I	<input type="text"/>	ALLIED II	<input type="text"/>
Part I Language	<input type="text"/>		

1	NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	COMMUNITY	SC/ST	MBC/DNC	BC	OC								
4	CASTE:	<input type="text"/>	5	NATIONALITY	<input type="text"/>	6	SEX:	M	F										
7	NAME OF PARENT/GUARDIAN (State Relationship) :																		

8	OCCUPATION	<input type="text"/>	9	ANNUAL INCOME	<input type="text"/>
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10	ADDRESS FOR COMMUNICATION	<input type="text"/>	11	IF PHYSICALLY HANDICAPPED, SPECIFY	<input type="text"/>
			12	ARE YOU SON/DAUGHTER OF EX-SERVICEMAN OF TAMILNADU ORIGIN?	<input type="text"/>
			13	ARE YOU TAMILNADU ORIGIN FROM ANDAMAN NICOBAR ISLANDS?	<input type="text"/>
			14		<input type="text"/>
			15	NAME & LOCATION (DISTRICT) OF SCHOOL LAST STUDIED	<input type="text"/>

16	QUALIFYING EXAMINATION PASSED: HSC OR EQUIVALENT:				
SUBJECT	MARKS OBTAINED	MAXIMUM	MONTH/YEAR OF PASSING	REGISTER NO.	No. Of ATTEMPTS
PART: I : TAMIL		200			
PART: II : ENGLISH		200			
PART III :					
1.		200			
2.		200			
3.		200			
4.		200			
Total					

\* CALCULATE TO THE MAXIMUM OF 200

BLOOD GROUP :

| declare that all the particulars furnished above are true and correct,  
| submit that I abide by the rules and regulations of the college.

Note : Enclose all the necessary copies of certificates given below : Fill up the application either in English or Tamil

Place :

Date : SIGNATURE OF THE PARENT/GURDIAN

SIGNATURE OF THE APPLICANT

CERTIFICATES VERIFIED:

ADMITTED IN .....

HSC MARKS	<input type="text"/>	COMMUNITY	<input type="text"/>	TRANSFER	<input type="text"/>
CONDUCT	<input type="text"/>	SPL.CATEGORY	<input type="text"/>		<input type="text"/>

SIGNATURE OF STAFF WHO PROCESSED THE APPLICATION : .....

.....

SIGNATURE OF HEAD OF THE DEPARTMENT :.....DATE :

PRINCIPAL