



ANANDA COLLEGE

(Accredited with 'B' Grade by NAAC)
 (Affiliated to Alagappa University, Karaikudi)
 (Run by R.C. Diocese of Sivagangai)
 P.O. BOX:3, Devakottai - 630 303.
 Tel: 04561 - 261412

Affix
 passport
 size photo

APPLICATION FOR P.G. COURSES

For Office Use

App.No.	Admn. Card Sent on	Remarks	Date of Admission :
			Admn.No. :
			Roll No. :
Principal			

- Please READ THE PROSPECTUS CAREFULLY before filling up the application form.
- USE CAPITAL LETTERS ONLY.
- Incomplete applications will be summarily rejected. Please tick wherever necessary.

1.	NAME OF THE APPLICANT						
	பெயர்						
2.	COURSE APPLIED FOR						
3.	DATE OF BIRTH	DD	MM	YY	4. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5. Blood Group	
						
6.	COMMUNITY (As in T.C)	<input type="checkbox"/> OC / FC <input type="checkbox"/> BC / OBC <input type="checkbox"/> MBC / DNC <input type="checkbox"/> SC / ST Mention your sub caste					
7.	RELIGION	<input type="checkbox"/> RC <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others					
8.	DIFFERENTLY ABLED	<input type="checkbox"/> NO <input type="checkbox"/> YES if yes, <input type="checkbox"/> VISUALLY <input type="checkbox"/> HEARING <input type="checkbox"/> ORTHOPAEDICALLY					
9.	PARENT'S DETAILS	NAME	EDUCATION	OCCUPATION	ANNUAL INCOME		
	FATHER						
	(தமிழில்)						
	MOTHER						
	(தமிழில்)						
10.	IF EX-SERVICEMAN	EX-SERVICEMAN					
		NO..... REGIMENT RANK					
11.	NAME OF THE COLLEGE LAST ATTENDED						
12.	YEAR OF PASSING	NO. OF ATTEMPTS.....		REGISTRATION NO.....			
13.	MARKS DETAILS	PART I	PART II	MAJOR	ALLIED/ ANCILLARY	PART IV	PART V
	SUBJECT						
	PERCENTAGE OF MARKS IN						

14. IDENTIFICATION MARK		1.
		2.
15.	NAME OF THE UNIVERSITY	
16.	EXTRA - CURRICULAR ACTIVITIES <input type="checkbox"/> NCC <input type="checkbox"/> NSS <input type="checkbox"/> SPORTS <input type="checkbox"/> CULTURAL <input type="checkbox"/> OTHERS	
17.	BUS FACILITY NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Place of Boarding	
18.	PERMANENT ADDRESS:	ADDRESS OF COMMUNICATION
	MOBILE No.	MOBILE No.

DECLARATION

I understand that association with any unlawful organisation 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 Applicant

UNDERTAKING BY PARENT OR GUARDIAN

In the event of the above applicant, my son / daughter / ward being admitted to the College, I undertake to pay regularly all his / her dues to the college till the completion of his / her course of studies. I also undertake to be responsible for his / her conduct, progress in studies and attendance.

எனது மகன்/மகள் கல்லூரியில் சேர்த்துக்கொள்ளப்பட்டால், அவருடைய படிப்பு முடியும் காலம் வரை, படிப்பிற்கான தொகையையும், அதோடு தொடர்புடைய நிலுவைத் தொகையையும் தவறாமல் செலுத்த உறுதிசூறுகிறேன். என் மகனின்/ மகளின் நன்னடத்தைக்கும், பழக்கவழக்கங்களுக்கும் நான் பெறுப்பேற்றுக் கொள்கிறேன்.

தேதி

பெற்றோரின் கையொப்பம்

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U.G. Mark Statement Transfer Certificate Convocation Community Certificate Others

Checked by

Admission Committee

Office