APPLICATION No:	DATE:	
Accredited w	with "B" Grade by NAAC RADMISSION TO M.Com.,/M.A.,/M.Sc.,	
1. NAME		
2. DATE OF BIRTH	3. SEX M F T	
4. COMMUNITY SC/ST MBC/	DNC BC OC	
5. CASTE 6. 1	NATIONALITY	
7. NAME OF THE PARENT / GUARDIAN (STATE RELATIONSHIP)	N .	
A) PROFESSION B) INCOME PER YEAR C) PHONE No.		
8. ADDRESS FOR COMMUNICATION	9. IF PHYSICALLY HANDICAPPED, SPECIFY	YES / NO
	10. ARE YOU SON/DAUGHTER OF EX-SERVICEMAN OF	YES / NO

11.

ARE YOU OF TAMIL ORIGIN FROM ANDAMAN AND

NAME OF THE COLLEGE /

UNIVERSITY LAST STUDIED

DISTINCTION IN SPORTS /NCC/NSS

NICOBAR ISLANDS?

## 14. QUALIFYING EXAMINATION PASSED:

SUBJECT	CLASS OBTAINED	MONTH / YEAR OF PASSING	REGISTRATION No:
PART I			
PART II			
PART III			
PART IV			

15. Email ID

PIN CODE

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.

PLACE:

DATE:

SIGNATURE OF THE PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

YES/NO

\* Enclose Xerox copy of the consolidated Mark Sheet

FOR OFFICE USE ONLY

CERTIFICATE VERIFIED

MARKS	COMMUNITY	TRANSFER	ADMITTED
CONDUCT	SPL. CATEGORY		

SIGNATURE OF THE STAFF WHO PROCESSED THE APPLICATION

DATE OF INTERVIEW

SIGNATURE OF HEAD OF DEPARTMENT

PRINCIPAL