

KOVAI KALAIMAGAL COLLEGE OF ARTS AND SCIENCE

(Affiliated to Bharathiar University, Coimbatore)
(An ISO 9001 : 2008 Certified Institution)

Accredited with 'A' Grade by NAAC

Vellimalaipattinam, Narasipuram Post, Thondamuthur (Via), Coimbatore - 641 109.

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APPLICATION FORM FOR ADMISSION TO PG COURSES

Course Applied for

1. Read all the **INSTRUCTIONS** carefully before filling up the application form.
2. Mark in the appropriate box wherever applicable.
3. The candidate should ensure that correct marks, age and community are furnished by him/her in the application form. The candidate is informed that if after proper scrutiny it is found that the particulars furnished by him/her in the application form are not correct, then
 - (i) he/she will forfeit the admission, no matter at what stage of the course he/she will be in, at that time ;
 - (ii) he/she is liable to be debarred from pursuing any course of study for a period of three years and
 - (iii) legal action will be instituted against him/her for furnishing wrong particulars.

Space for
affixing
Passport size
photograph

1. Name

(in block letters with initials at the end)

:

Address for communication

:

Pincode

2. Sex

: Male

Female

3. (i) Date of Birth & Age

:

(ii) Place of Birth

:

Village/Town/City

District

State

4. (a) Community

:

ST

SC

MBC/DNC

BC

FC

(b) Name of the caste

(In case of BC/MBC/DNC/SC/ST only)

:

(c) Nationality / Religion

:

5. Mother Tongue :

6. (i) Name of the Parent / Guardian :

(ii) Occupation of Parent / Guardian :

(iii) Address of Parent / Guardian :

Residential Address
(with phone number)

Office Address
(with designation and phone number)

(iv) Annual income of the parent :

7. If physically handicapped, specify :

8. Are you son/daughter of Ex-servicemen of :
Tamil Nadu origin

9. Are you of Tamil origin from Andaman / :
Nicobar Islands

10. Academic Performance

Course	Percentage of Marks	Class obtained	Month & Year of passing	Name of the institute where studied
HSC				
Degree				

11. I declare that I have read the instruction No.3 on the first page of this application and assure that I will abide by the same.

Place:

Date:

Signature of Parent / Guardian

Signature of the Applicant

FOR OFFICE USE

I. Verified the following with original certificates

i). Qualifying examination

ii). Year of Passing

iii). Percentage of marks & class obtained

iv). Community

Signature and Name of the Staff
who verified the Certificates

Counter Signature of the HOD

Admitted / Not admitted

PRINCIPAL