

NACHIAPPA SWAMIGAL ARTS AND SCIENCE COLLEGE



KOVILOOR - 630 307
(Affiliated to Alagappa University)



APPLICATION FORM FOR ADMISSION TO
M.A., / M.Sc., / M.Com.,

Passport
Size
Photo

	MAJOR												
1	NAME												
2	DATE OF BIRTH						3	COMMUNITY	OC/BC	BCM / MBC / DNC	SC	SCA	ST
4	CASTE			5			NATIONALITY			6	SEX	M	F
7	NAME OF PARENT / GUARDIAN (STATE RELATIONSHIP)												
8	ADDRESS FOR COMMUNICATION					9 IF PHYSICALLY HANDICAPPED SPECIFY							
					10 ARE YOU SON / DAUGHTER OF EX. SERVICE MAN OF TAMILNADU ORGIN								
					11 DISTINCTION IN SPORTS								
					12 ARE YOU A FOREIGN STUDENT / CYLON REPARTIATE								
PIN													
13	QUALIFYING EXAMINATION PASSED :												

SUBJECT	MARKS		CLASS OBTAINED	MONTH / YEAR OF PASSING	REGISTER NO.
	OBTAINED	MAXIMUM			
PART I :					
PART II : ENGLISH					
PART III :					

I declare that all particulars furnished above are true and correct and I will abide by the rules and regulations of the college

Place :
Date :

SIGNATURE OF THE PARENT / GUARDIAN SIGNATURE OF APPLICANT
Note : enclose Xerox Copy of Mark List

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED :

ADMITTED

DEGREE MARKS	COMMUNITY	TRANSFER
CONDUCT	SPECIAL CATEGORY	

SIGNATURE OF STAFF WHO PROCESSED THE APPLICATION
SIGNATURE OF HEAD OF THE DEPARTMENT

