

ADMISSION NO. _____

APPLICATION NO. 

TERF'S ACADEMY

COLLEGE OF ARTS AND SCIENCE

Kovilpalayampudur, Avinashipalayam (P.O.), Tirupur- 638 660.

APPLICATION FORM FOR ADMISSION TO _____ 20__ - 20__

1	NAME (in capital letters) as per +2 marksheet					
2	DATE OF BIRTH		2(a)	AGE	Yrs.	
3	NATIONALITY		3(a)	RELIGION		
4	STUDENT AADHAR NO.		3(b)	CASTE		
5	COMMUNITY	OC <input type="checkbox"/>	BC <input type="checkbox"/>	MBC/DNC <input type="checkbox"/>	SC/ST <input type="checkbox"/>	5(a) SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
6	NAME OF THE PARENT (as per T.C)					
7	PARENTS OCCUPATION			ANNUAL INCOME Rs.		
8	NATIVE PLACE			TALUK		
	ADDRESS FOR COMMUNICATION		DISTRICT			
			Do you require Hostel?			
			Phone No. with STD Codes			
			PIN <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Name & Place of the School Last Studied					

10. QUALIFYING EXAMINATION PASSED: HSC OR EQUIVALENT

(If Passed by Improvement write 'Improvement' in the remarks column)

SUBJECT			Total Marks Secured	Maxi mum	Month & Year of Passing	Register No.	No. of Attempts	Remarks
Part I : Tamil								
Part II : English								
Part III : (Write the Subjects below)	Theory	Practical						
1								
2								
3								
4								
TOTAL								

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

CERTIFICATES
VERIFIED:For Office use
only

ADMIT

HSC MARKS	COMMUNITY	TRANSFER
CONDUCT	SPL CATEGORY	

PRINCIPAL

SIGNATURE OF THE STAFF WHO PROCESSED APPLICATION

SIGNATURE OF HEAD OF THE DEPARTMENT