

APPLICATION FORM ISSUED TO :

APPLICATION No :

REGISTRATION No :

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SOURASHTRA COLLEGE

Autonomous

(A Linguistic Minority Co-Educational Institution)

[Affiliated to Madurai Kamaraj University and

Re-accredited with **B+** Grade by NAAC]

VILACHERY MAIN ROAD, PASUMALAI (PO), MADURAI - 625 004.

APPLICATION FORM FOR ADMISSION TO

M.A.(English), M.Com., M.Sc.(Mathematics)

(Incomplete Application will be REJECTED)

(2020 - 2021)

PG Courses

1. NAME

2. DATE OF BIRTH 3. COMMUNITY SC/ST MBC/DNC BC OC

4. PLACE OF BIRTH : 5. SEX : MALE / FEMALE / TRANSGENDER

6. CASTE : 7. NATIONALITY :

8. MOTHER TONGUE : 9. RELIGION :

10. AADHAAR No. OF THE CANDIDATE :

10a. NAD ID : 10b. PAN No. :

11. NAME OF PARENT / GUARDIAN (STATE RELATIONSHIP) :

12. OCCUPATION : 13. INCOME (per annum) : Rs.

14. ADDRESS FOR COMMUNICATION :

 PIN
Cell : +91 e-mail id :

15. PERMANENT ADDRESS :

 PIN
Cell : +91 e-mail id :

16. College previously studied with date of admission & withdrawal :

17. Reasons for break of study, if any :

18. Has the candidate represented the University in athletics or games ? (If so, produce a certificate duly signed by the Director of Physical Education of the University with full details) :

19. Any information deserving special consideration of the applicant :

Details of Marks obtained in Degree Examination

Name of the Candidate :
 College last studied :
 Name of the University :

Name of the qualifying degree	Major	Ancillaries
		1. 2.

Register Number :

Month and Year of passing :

State whether Semester or Non Semester :

Subject	Marks obtained	Maximum Marks	Class obtained	Percentage of Marks
Part I				
Language / Alternative subject				
Part II - English				
Degree				
Part III				
Major				
Ancillary I				
Ancillary II				
Total marks in Major & Ancillaries *				

* Note : Xerox copies of Mark sheets should be attached.
 Candidates can also apply on the basis of First Five Semester Marks.

Signature of the Applicant

Signature of the Certifying Officer

PLACE :

Designation

DATE :

* Please mention the name of the Major and Ancillary subjects

Declaration : 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 PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED :

ADMITTED To

UG MARKS	COMMUNITY	TRANSFER
CONDUCT	SPL. CATEGORY	

SIGNATURE OF STAFF WHO PROCESSED THE APPLICATION :

SIGNATURE OF HEAD OF THE DEPARTMENT :

Challan No.

Amount Rs.

Date :

PRINCIPAL