

PATTOM THANUPILLAI MEMORIAL COLLEGE FOR ARTS & SCIENCE

MARUTHOORKONAM, KOTTUKAL P.O.

(Via) BALARAMAPURAM, THIRUVANANTHAPURAM (Dist.)-695501

Phone : 0471-2267420

Application No.

APPLICATION FOR ADMISSION TO DEGREE COURSE

(20 - 20)

Affix
Passport
Size
Photograph

All entries to be made in BLOCK LETTERS. Use (mark wherever necessary)

1. NAME OF COURSE :

2. SUBJECT :

3. SECOND LANGUAGE : MALAYALAM HINDI

PERSONAL DATA

4. NAME OF APPLICANT :

5. ADDRESS

Permanent :

Present :

Pin :

Pin :

Mobile :

Mobile :

Phone :

Phone :

6. AGE & DATE OF BIRTH DAY MONTH YEAR SEX
 : M F

7. MARITAL STATUS : SINGLE / MARRIED

8. NAME OF FATHER / GUARDIAN :

9. PARENTS OCCUPATION :

10. FAMILY INCOME :

11. RELIGION CASTE

12. MARK IF THE APPLICANT BELONGS TO : SC ST OEC OBC GENERAL

QUALIFICATION DETAILS

13. NAME OF THE COURSE :

14. NAME OF INSTITUTION :

15. REGISTER NUMBER :

16. MONTH & YEAR OF PASSING :

17. NAME OF UNIVERSITY / BOARD :

18. MARKS SECURED : PART I PART II PART III

19. TOTAL MARKS MAXIMUM MARKS

TC DETAILS

20. NAME OF THE INSTITUTION :

21. COURSE :

22. TC NUMBER :

23. DATE OF ISSUE OF TC :

DECLARATION

- A. I DO HERE BY DECLARE THAT THE FACTS GIVEN IN THE APPLICATION ARE TRUE
- B. I WILL MAKE AVAILABLE TO THE COLLEGE AUTHORITIES ALL ORIGINAL CERTIFICATES. CONNECTED WITH THE ADMISSION
- C. I ATTACHED THE ATTESTED COPIES OF ALL NECESSARY DOCUMENTS IN SUPPORT OF THE APPLICATION
- D. IF HAVE SELECTED FOR THE COURSE. I UNDERTAKE TO ABIDE BY ALL THE RULES AND REGULATIONS PRESCRIBED FOR THE COURSE BY THE COLLEGE.

Place :

Date :

Name & Signature : 1. Applicant :

2. Parent/Guardian :

FOR OFFICE USE ONLY

Fees Details

Total Fees :

Discount if any :

Principal