Dr. PALPU COLLEGE OFARTS & SCIENCE, PANGODE- PUTHUSSERY

Application for admission to the M.A/ M. Sc/ M.Com course For the year 20.....-20.......(TO BE FILLED IN BY THE APPLICANT)

Name in full (in block capitals)	
Expansion of initials	
Sex	Single or married
Nationality of the applicant	
Age & date of birth	
Permanent home address	Phone No.
Name, occupation and address of Parent or Guardian	Phone No.
Annual Income of Parent or Guardian	
Religion and community (State whether belonging to Backward Commu SC/ ST If so, State the Community)	nity.
College or colleges in which the Applicant studied with number of years in each	
Subject for which admission is sought: M.A / M. Sc/ M. Com	
Number of appearances for the Degree Examination with years and Register Number	
State whether the applicant is employed: if so, where ?	
 (a) Proficiency in game (To be supported by certificate) (b) N. C. C (To be supported by certificate) (c) N. S.S (To be supported by certificate) (d) Social Welfare work (To be supported by certificate) (e) Other activities, if any 	ertificate)
Are you a person with physical disability ? If so, give details.	

Record of Performance at the B.A/B. Sc/B. Com. Degree Examination

Name of the University							
Year and Month of Passing the B.A, B. Sc, B.Com Examination		Year & Month	No. of times appeared	Reg. No.			
Details of Grade/ Mark for qualifying examination							
1.							
2.							
3.							
4.							
5.							
a)							
b)							
6.							
0.			T				
	CGPA (S)	Credit	Grade				
	CGPA	Credit	Grade				
Spor	ts/extracurricul I do hereby o		the facts mention	ed in this application are tru	ie and correct. I do		
I do hereby declare that all the facts mentioned in this application are true and correct. I do promise to obey all rules and order of the college authorities and do help in the maintenance of discipline in the college while I am a student of the college.							
			statent of the cont		re of applicant		
Date Signature of applicant							
	daughter are tru	ue to the best of		n the application for admission belief and I hereby undertak			
				Signature of P	arent/ Guardian		
Date							
TO BE FILLED IN BY THE OFFICE							
Admission No :							
Date of admission :							
Class	Class and Group to which admitted:						

PRINCIPAL