APPLICATION FORM ISSUED TO

APPLICATION No. | REGISTRATION No.

BHARATHIAR UNIVERSITY ARTS AND SCIENCE COLLEGE

VALPARAI 642 127

Stamp Size Photo

APPLICATION FORM FOR ADMISSION TO

B.B.M. / B.Sc., / B.Com., / B.Com.(CA)

MAJOR	ALLIED	PART I	TAMIL	MEDIUM	ENGLISH
		LANGUAGE	MALAYALAM		

1.	NAME																		

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

4.	SUB CASTE		5.	NATIONALITY		6.	SEX	M	F

7.	NAME OF PARENT / GUARDIAN (STATE RELATIONSHIP)	
8(a	OCCUPATION OF PARENT / GUARDIAN	
8(b	ANNUAL INCOME OF PARENT / GUARDIAN	

9.	REGISTRATION FEE DETAILS	BANK NAME & DD NO.		AMOUNT Rs.	

10.	ADDRESS FOR COMMUNICATION	11.	IF PHYSICALLY HANDICAPPED - SPECIFY

11(a)	ARE YOU SON / DAUGHTER OF EX-SERVICEMAN OF TAMILNADU ORIGIN	
11(b)	ARE YOU OF TAMIL ORIGIN FROM ANDAMAN NICOBAR ISALANDS?	

11(c)	DISTINCTION IN SPORTS	NATIONAL	STATE	REGIONAL	DISTRICT

PIN		12.	NAME LOCATION (DISTRICT) OF SCHOOL LAST STUDIED

13.	QUALIFYING EXAMINATION PASSED : HSC OR EQUIVALENT	

SUBJECT	MARKS*	MAXIMUM	MONTH / YEAR OF PASSING	REGISTER NO.	NO. OF ATTEMPTS
PART I : TAMIL /		200			
PART II : ENGLISH		200			
PART III :					
1.		200			
2.		200			
3.		200			
4.		200			
TOTAL		1,200			

* CALCULATE TO THE MAXIMUM OF 200

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

Note: No enclosures need be sent along with application. Fill up the application either in English or Tamil
(For S.No. 10, 11, 13(a), 13(b), 15 enclose the Xerox Copy of the original)

Place:

Date: SIGNATURE OF THE PARENT / GUARDIAN SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

ADMIT

CERTIFICATES VERIFIED

HSC MARKS	COMMUNITY	TRANSFER
CONDUCT	SPL. CATEGORY	

SIGNATURE OF STAFF WHO PROCESSED THE APPLICATION_____ PRINCIPAL

SIGNATURE OF HEAD OF THE DEPARTMENT_____