Application	n No:	o: Admission No.					
ASPIRE TO A	COLEGE	Aroc Siva	ckia Nagar, S ngangai Dist Applica	GE FOR WO Sarugani – 630 4 rict - Tamil Nad tion Form n/M.A/PGDC	11 lu	P	noto
Major:							
1. Name:							
2. Date Of	Birth:			3. Community S	SC/ST MI	BC/DNC	BC OC
4. Caste			5. Nat	tionality		6. Sex Ma	le Female
7. Name of	Parent / C	Guardian (Stat	e Relation S	hip)			
8. Occupati	on of Pare	ent / Guardian	1				
9. Address For Communication:							
10. If Phy	sically Ha	ndicapped? Y	es/No	11. I am Son/I Tamil Nadu ri	-	x. Servicer	nan of
12. Are ye	ou Tamil c	origin from Aı	ndaman Nico	bbar Island?	Yes / No		
		ports NCC / N					
14. Name	of the Co	llege Last Stu	ıdied:				
15. Quali	fying Exa	mination Pass	ed:				
Subject	Marks	Maximum	Percentage	Class Obtained	Month/Year	of Passing	Reg No.
Part I Part II							
English							
Part III		I declare that	all the particula	ars furnished above a	re true and corre	ect	
Place:				the rules and regulat			
Date:		Signa	ature of Pare	nt / Guardian	Sign	nature of the	e Applicant
		Note: Encl	lose Xerox C	Copy of Consolida	ted Mark Lis	t	
Certificate	Verified:		For O	ffice Use Only	Admitted:		
Hsc Marks Community Transfer							
Conduct Special Category Signature of the Staff who processed the Application:							
Signature o	t the Staff	who process	ed the Applic	cation:			
Signature o	f Head of	the Departme	ent:			Prin	cipal