



ST. CHARLES COLLEGE OF ARTS & SCIENCE

Charles Nagar, Eraiyur, Ulundurpet TK, Kallakurichi Dist- 607 201
(Affiliated to Annamalai University, Approved by AICTE - B.B.A, B.C.A)

Mobile : 6382224903, Landline:04149 - 294655

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PG APPLICATION

APP.No : _____

- * Use CAPITAL LETTERS to fill up the Application Form
- * Enclose attested Xerox Copies of the following Certificates :
 - 1) UG Mark Statement & Provisional Certificate
 - 2) Community Certificate (SC/ST, BC, MBC/DNC)
 - 3) UG Transfer Certificate
 - 4) Aadhaar Card
 - 5) Photo (4 Numbers)

Stamp
Size
Photo

(For office use Only)

Admission No : _____
Dept No : _____

(Put a (✓) mark to furnish details in the relevent boxes).

1	COURSE APPLIED FOR		M.Sc Computer Science					
			M.Com					
2	NAME OF THE APPLICANT							
	பெயர் (தமிழில்)							
3	NAME OF THE FATHER & MOTHER							
	பெயர் (தமிழில்)							
4	DATE OF BIRTH (AS IN CERTIFICATE)		DD	MM	YY	5. GENDER :		6. Blood Group
						<input type="checkbox"/> Male	<input type="checkbox"/> Female	
7	COMMUNITY (AS IN T.C)		<input type="checkbox"/> OC / FC <input type="checkbox"/> BC / OBC <input type="checkbox"/> MBC/DNC <input type="checkbox"/> SC/ ST					
			Sub caste					
8	RELIGION		<input type="checkbox"/> RC Christian <input type="checkbox"/> Other Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim					
9	NATIONALITY		<input type="checkbox"/> Indian Other					
10	DIFFERENTLY ABLED		<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, <input type="checkbox"/> VISUALLY <input type="checkbox"/> HEARING <input type="checkbox"/> ORTHOPAEDICALLY					
11	NAME OF THE COLLEGE LAST STUDIED							
			T.C. No.					
12	MEDIUM OF INSTRUCTION IN UG		<input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Other					
13	SUBJECT		TAMIL /OTHER PART I	ENGLISH PART II	MAJOR	ALLIED		
	PERCENTAGE OBTAINED							
14	EXTRA - CURRICULAR ACTIVITIES		<input type="checkbox"/> NCC <input type="checkbox"/> NSS <input type="checkbox"/> SPORTS <input type="checkbox"/> CULTURAL <input type="checkbox"/> OTHERS					
15	BY COLLEGE BUS FROM THE NEAREST STOP		<input type="checkbox"/> YES <input type="checkbox"/> NO IOSTEL NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO					
16	PARENT'S DETAILS		Education			Occupation		
	FATHER							
	MOTHER							
17	PERMANENT ADDRESS :		DOOR NO. :			STREET :		
			VILLAGE :			POST OFFICE :		
			PINCODE :			TALUK :		
			DISTRICT :			MOBILE No. :		
			Aadhaar Number :					

DECLARATION BY THE STUDENT

I Promise to abide by the rules and regulations of the College and not to indulge in any unlawful activities. All the above information given by me is true.

Parent's Signature

Student's Signature