



CHARLES COLLEGE OF ARTS & SCIENCE

(Affiliated to Annamalai University, Approved by AICTE - B.B.A, B.C.A)

Mobile : 6382224903, Landline:04149 - 294655

Website:www.scceraiyur.edu.in

E-mail:stcharlescollegeeraiyur@gmail.com

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.A Tamil					
		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"/> Femal	<input type="checkbox"/> Transgender
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					
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		HOSTEL 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