APPLICATION FORM ISSUED TO:

APPLICATION No: [　　　　] REGISTRATION NO: [　　　　]

P.K.R. ARTS COLLEGE FOR WOMEN
(Accredited by NAAC with 'A' Grade)
An Autonomous Institution – Affiliated to Bharathiar University
GOBICHETTIPALAYAM – 638 476.
APPLICATION FORM FOR ADMISISON TO
B.Com., B.B.A., B.Com.(C.A.),B.Com Professional Accounting, B.A., Eng.Lit. & B.A. Tamil Lit.

MAJOR	ALLIED :		PART I LANGUAGE :		MEDIUM:	TAMIL	ENGLISH

1. **NAME**

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

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

7. NAME OF PARENT / GUARDIAN (STATE RELATIONSHIP):

8. ADDRESS FOR COMMUNICATION:

PIN [　　　　　]

9.	IF PHYSICALLY HANDICAPPED SPECIFY	
10.	ARE YOU SON/DAUGHTER OF EX-SERVICEMAN OF TAMILNADU ORIGIN	
11.	ARE YOU OF TAMIL ORIGIN FROM ANDAMAN NICOBAR ISLANDS?	
12.	DISTINCTION IN SPORTS / NCC / NSS	
13.	NAME & LOCATION (DISTRICT) OF SCHOOL LAST STUDIED	

14. 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		1200			

* 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 regulations of the college.

Note : <u>No enclosures need be sent along with application.</u>

Place :

Date :　　　SIGNATURE OF THE PARENT / GUARDIAN　　　SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED: 　　　　　　　　　　　　　　ADMITTED

HSC MARKS	COMMUNITY	TRANSFER
CONDUCT:	SPL.CATEGORY	

SIGNATURE OF STAFF WHO PROCESSED THE APPLICATION: .... PRINCIPAL

SIGNATURE OF HEAD OF THE DEPARTMENT ....