Application No.	Registration No.

St. Joseph's College for Women
Affiliated to Bharathiar University
Accredited with "B+" Grade by NAAC
(Recognized under Section 2(f) & 12(B) of the UGC Act, 1956)
Kangayam Road, Tirupur - 4

Application for Admission to Under Graduate Courses

1. a) Name of the Applicant (Capital Letters)
   - Tamil : _____
   - English : _____

   b) Name of the Father :
   - Tamil : _____
   - English : _____

2. Date of Birth (as entered in T.C. / Mark Sheet) : ☐☐ ☐☐ ☐☐☐☐

3. Mother Tongue : _____

4. Native Place and District : _____

5. a) Nationality : _____

   b) Relegion : Roman Catholic ☐ Protestant ☐ Hindu ☐ Muslim ☐ Others ☐

   c) Community Specify the Caste : O.C. ☐ B.C. ☐ M.B.C. ☐

   S.C. ☐ S.T. ☐ D.N.C ☐

6. Personal Marks of Identification : a) ....

   b) ....

7. Father's Occupation & Monthly Income :

8. Address for communication :
   _____
   _____
   _____ Mobile No. _____

   Aadhar No. _____ E-mail ID _____

9. Distinction in N.S.S. / N.C.C. /
   Games / Extra curricular activities :

10. If physically handicapped, specify :

11. Are you Son / Daughter of Ex-Serviceman of Tamilnadu origin

12. Are you of Tamil origin from Andaman & Nicobar Islands.

13. Course for which admission is sought, Specify Branch and core subject :

B.A. English	☐	B.Sc., Physics	☐
B.Sc. Maths	☐	B.Sc. Computer Science	☐
B.Sc., Chemistry	☐	B.Sc., Costume Design & Fashion	☐
B.B.A	☐	B.Com	☐
B.Com (Computer Application)	☐	B.C.A.	☐

14. Qualifying examination passed :   HSC or equivalent :

Subject	Marks	Maximum
Part I : Tamil /		100
Part II : English		100
Part III : Medium of Instruction : Tamil / English		
1.		100
2.		100
3.		100
4.		100
TOTAL		600

Year of Passing   : _____

Register No.   : _____

Passed in First Attempt   : Yes ☐   No. ☐

15. Name and location (district) of school last studied.

Declaration : 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.

Signature of Applicant

Signature of Parent / Guardian

Date :