REGISTRATION No.		APPLICATION N	N. MOITOMITEIG 15					
(A	Sciences for Workfiliated to Mother Teresa Women AMALA ANNAI NAGAR, THAM DINDIGUL - 624 005	men o's University ) IARAIPADI,	RECENT COLOUR PASSPORT SIZE PHOTO OF THE CANDIDATE TO BE AFFIXED					
COURSE APPLIED FOR : (PLEASE PUT ✓ MARK)								
1. M.A. English			FOR OFFICE USE					
2. M.Sc. Mathema	tics		TOJSM					
3. M.Sc. IT			/					
4. M.Com. 5. M.Sc. Compute	r Science		PRINCIPAL					
1 Name of the Applicant								
2 DATE OF BIRTH	3. AC	GE 4. BLOOD GROUP	5. SEX F					
6 RELIGION	a. If Christia state whe	b. If st.	Catholic DALIT DALIT					
7 Community	OC BC MBC D	NC SC ST 8	CASTE					
9 NATIONALITY		10 MOTHER TONGUE	-20s (6					
11 NATIVE PLACE	CHARLES MARCHAN	12 DISTRICT	2774					
FATHER	13. NAME	14. OCCUPATION	15. ANNUAL INCOME					
MOTHER								
GUARDIAN	JASS	TOTAL	Name of the Parish and					
	HANDICAPPED, SPECIFY HTER OF EX-SERVICEMAN OF TAI	MILNADU ORIGIN ?	ent la appropriation de tre					
18. PERMANENT ADDRESS OF PARENTS								
PIN CODE :	S VERIFIED	PHONE :						
19. ADDRESS FOR COMMUNICATION:								
Appln. No. Appln. No. Appln. No.								

APPLICATION FORM ISSUED TO:

20. ARE YOU OF TAMIL O	RIGIN FROM ANDA	MAN - NIC	OBAR ISLANI	DS?	ore	FORW ISSUE	LEPLICATION		
21. DISTINCTION IN SPORTS / NCC / NSS									
22. NAME & LOCATION (DISTRICT) OF COLLEGE LAST STUDIED									
23. Qualifying Examination Passed : Concerned UG Degree									
Supplied Transport Transport to the Language Transport T									
SUBJECT		H/YEAR ASSING	MARKS OBTAINED	MAXIN MAR		PERCENTAG	E CLASS		
PART I:LANGUAGE	MK	Masiek	A ROP MI	N FOL	OITA	DURGA			
PART II: ENGLISH	1385	IAN VI	US BRABI	9) - 90	) Fig	ILJ99A 389I	ico		
PART III: HOR DEFICE USE: III TRAP						, riei	ign S. A.M. F		
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Note : Enclose a Xerox Copy	of the attested conso	olidated Ma	ark Sheet				B REUGIO		
I suare whether I state whether I state whether I									
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.									
PLACE:		ом Гог				YTI	9 NATIONAL		
DATE:	SIGNATURE OF THE	E PARENT	/ GUARDIAN		S	GNATURE OF	THE APPLICANT		
FOR CATHOLICS ONLY									
Name of the Parish Pries							RESTRICT.		
Name of the Parish and I				SEAL			NAIUMAUE		
Recommendation of the Parish Priest:									
Phone Number: Signature of the Parish Priest									
Ho PERMANENT ADDRESS OF PARENTS									
FOR OFFICE USE ONLY									
CERTIFICATES VERIFIED:									
	UG DEGREE MARKS	CÓM	IMUNITY	TRA	NSFE	RUM 100 RO	19. ADDRESS		

SPL. CATEGORY

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