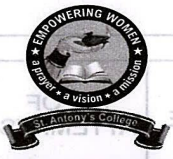


APPLICATION FORM ISSUED TO:

REGISTRATION No.

APPLICATION No.



St. Antony's College of Arts and Sciences for Women
 (Affiliated to Mother Teresa Women's University)
AMALA ANNAI NAGAR, THAMRAIPADI, DINDIGUL - 624 005.
 Approved Under 2 (f) and 12 (B) Status of UGC

APPLICATION FORM FOR ADMISSION

RECENT COLOUR
PASSPORT SIZE
PHOTO OF THE
CANDIDATE TO BE
AFFIXED

COURSE APPLIED FOR : (PLEASE PUT ✓ MARK)

1. B.Sc., Mathematics <input type="checkbox"/>	9. B.Sc. Physics <input type="checkbox"/>
2. B.C.A. <input type="checkbox"/>	10. B.Sc. Chemistry <input type="checkbox"/>
3. B.Com. <input type="checkbox"/>	11. B.Sc. Zoology <input type="checkbox"/>
4. B.Com. with CA <input type="checkbox"/>	
5. B.Sc. IT <input type="checkbox"/>	
6. B.A. Tamil <input type="checkbox"/>	
7. B.A. English <input type="checkbox"/>	
8. B.Sc., Computer Science <input type="checkbox"/>	

FOR OFFICE USE

PRINCIPAL

1 Name of the Appicant

2 DATE OF BIRTH 3. AGE 4. BLOOD GROUP 5. SEX M F

6 RELIGION a. If Christian state whether CATHOLIC b. If Catholic state whether DALIT

7 Community OC BC MBC DNC SC ST 8. CASTE

9 NATIONALITY 10 MOTHER TONGUE

11 NATIVE PLACE 12 DISTRICT

	13. NAME	14. OCCUPATION	15. ANNUAL INCOME
FATHER	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
MOTHER	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
GUARDIAN	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	TOTAL		<input style="width: 95%;" type="text"/>

16 IF PHYSICALLY HANDICAPPED, SPECIFY

17 ARE YOU DAUGHTER OF EX-SERVICEMAN OF TAMILNADU ORIGIN ? YES NO

18. PERMANENT ADDRESS OF PARENTS

PIN CODE : PHONE :

19. ADDRESS FOR COMMUNICATION :

Appln. No <input style="width: 100%;" type="text"/>	Appln. No <input style="width: 100%;" type="text"/>
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20.	ARE YOU OF TAMIL ORIGIN FROM ANDAMAN - NICOBAR ISLANDS ?
21.	DISTINCTION IN SPORTS / NCC / NSS
22.	NAME & LOCATION (DISTRICT) OF SCHOOL LAST STUDIED
23.	Qualifying Examination Passed : HSC or Equivalent

SUBJECT	REGISTER NO	MONTH/YEAR OF PASSING	MARKS OBTAINED	MAXIMUM MARKS	PERCENTAGE	No. OF ATTEMPTS
PART I: TAMIL				200		
PART II: ENGLISH				200		
PART III:						
1.				200		
2.				200		
3.				200		
4.				200		
5.				200		
6				200		
TOTAL						

Note : Enclose a Xerox Copy of the attested Mark Sheet

DATE OF BIRTH	RELIGION
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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 :	NATIONALITY
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DATE :	SIGNATURE OF THE PARENT / GUARDIAN	SIGNATURE OF THE APPLICANT
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FOR CATHOLICS ONLY	
Name of the Parish Priest:	SEAL
Name of the Parish and Diocese:	
Recommendation of the Parish Priest:	
Phone Number:	Signature of the Parish Priest

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED :

HSC MARKS	COMMUNITY	TRANSFER
CONDUCT	SPL. CATEGORY	

SIGNATURE OF STAFF WHO PROCESSED THE APPLICATION :