

Application Form Issued To :
Registration No.

No.

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ETHIRAJ COLLEGE FOR WOMEN (AUTONOMOUS)

CHENNAI - 600 008

AFFILIATED TO THE UNIVERSITY OF MADRAS

APPLICATION FOR ADMISSION 2012 - 2013

M.A. / M.Sc. / M.Com.

1. NAME																			
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2. DATE OF BIRTH					3. COMMUNITY	SC/ST	SC Arundatiyar	MBC / DNC	BC	BC Muslim	OC
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4. CASTE		5. NATIONALITY		PLACE OF BIRTH	
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6. District and Village to which the applicant belongs	
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7. Marital Status	
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8.	FATHER			MOTHER			GUARDIAN (with relationship)		
	NAME								
	OCCUPATION	Self	Govt.	Private	Self	Govt.	Private	Self	Govt.
Gross Income (p.a.)									

9. ADDRESS FOR COMMUNICATION :	
	PIN :
TEL :	e-mail :

10. Name of the University and College last attended with period of attendance	
11. Date of leaving the College last attended	
12. University Examination for which appeared and medium of Instruction	
13. Month & Year of Passing the Examination	

14. U.G. Degree and percentage of marks obtained.	
15. P.G. Course the applicant wishes to choose	
16. Mother Tongue	
17. Distinction in Sports / NCC / NSS / Extra Curricular Activities (District / State / National)	
18. Are you differently abled	

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.

1. Please read the prospectus carefully before submitting the application

2. Kindly fill all the columns. Incomplete applications will be rejected.

3. SC / ST, SC Arundatiyar, MBC / DNC, BC, BC Muslim students should enclose a copy of the certificate issued by the Tahsildar.

4. The last date for the receipt of Applications is Ten Days after the publication of the results of the University of Madras.

Physical Identification Marks :

1.

2.

Place :

Date : SIGNATURE OF PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED

ADMITTED :

U.G. MARKS	COMMUNITY	TRANSFER	INCOME CERTIFICATE
CONDUCT	MEDICAL	SPL CATEGORY	

PRINCIPAL

SIGNATURE OF THE STAFF WHO PROCESSED THE APPLICATION _____

SIGNATURE OF THE HEAD OF THE DEPARTMENT _____

STATEMENT OF MARKS

Coursed selected :

Enter Marks obtained in the B.A. / B.Sc. / B.Com. _____ Examination

SUBJECTS	MARKS	MONTH & YEAR	SUBJECTS	MARKS	Month & Year
I Year / I Semester Part I			I Year / II Semester Part I		
Part II			Part II		
Part III Major			Part III Major		
Allied			Allied		
II Year / III Semester Part I			II Year / IV Semester Part I		
Part II			Part II		
Part III Major			Part III Major		
Allied			Allied		
III Year / V Semester			III Year / VI Semester		

Total of Part III
(Major & Allied)

I Year	
II Year	
III Year	
Total	
Percentage	

Attested Photo Copies of All Mark Sheets
to be attached without fail

Certified :

Signature :

Designation :

Date :