

REGISTRATION NO. DATE 

SUN ARTS AND SCIENCE COLLEGE

Vettavalam Road, Keeranoor (V),

Rajapalayam (P), Tiruvannamalai - 606 7 55.

☎ : 04175 - 298027, 311666 Cell : 97865 99939, 97893 81111

Website : www.suncolleges.ac.in E-mail : sunartscollege@gmail.com.

APPLICATION FORM FOR ADMISSION TO PG DEGREE COURSE FOR THE YEAR 201 - 201

 SPACE FOR LATEST
PASSPORT SIZE
PHOTOGRAPH TO
THE AFFIXED AFTER
ADMISSION

 COURSES : M.A. English M.Sc. Mathematics M.Sc., Computer Science
 M.Com., M.Sc. Physics M.Sc., Chemistry

1. NAME AS IN SSLC																			
2. DATE OF BIRTH										3. COMMUNITY	SC/SCA/ST	MBC / DNC	BC	BC M	OC				
4. CASTE										5. NATIONALITY						6. SEX	M	F	T*
7. NAME OF PARENT / GUARDIAN (MENTION RELATIONSHIP)																			
8. OCCUPATION											9. ANNUAL INCOME								
10. ADDRESS FOR COMMUNICATION											11. IF PHYSICALLY HANDICAPPED SPECIFY								
											12. ARE YOU SON / DAUGHTER OF EXSERVICEMAN OF TAMIL NADU ORIGIN								
											13. ARE YOU OF TAMIL ORIGIN FROM ANDAMAN NICOBAR ISLANDS?								
PHONE <input type="text"/>											14. DISTINCTION IN SPORTS / NCC / NSS								
PIN <input type="text"/>																			
15. NATIVE PLACE												16. DISTRICT							
17. MOTHER TONGUE																			
18. EXTRA CURRICULAM ACTIVITIES																			
19. DO YOU WANT ACCOMODATION ? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
20. DETAILS OF QUALIFYING EXAMINATION PASSED												(FURNISH OF THE REVERSE)							

* TRANS GENDER

DETAILS OF QUALIFYING EXAMINATION PASSED :

(i)	NAME OF THE DEGREE PASSED	B.A / B.Sc.	MAIN SUBJECT	
(ii)	YEAR OF STUDY		(III) MEDIUM OF INSTRUCTION	
(iv)	NAME AND ADDRESS OF INSTITUTION LAST ATTENDED			
(v)	NAME OF THE UNIVERSITY			
(vi)	EXAMINATION PARTICULARS (Enclose attested xerox copy of mark statements)			

Part III Main / Core							
Ancillary / Allied I							
Ancillary / Allied II							

(vii)	Percentage	Main / Core	Ancy. / Allied	Part III
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21. Details of applications made for other Courses

DECLARATION BY THE APPLICANT

I hereby declare that the particulars given above are correct and based on facts. I further declare that, if admitted, I shall strictly abide by the rules and regulations of the college in force and to be framed from time to time.

Signature of the Applicant

Station :

Signature of the Parent / Guardian

Date :

FOR OFFICE USE ONLY

1. Verified the following with original certificates

- | | | | |
|---|----------------------|---------------------|----------------------|
| i) Qualifying examination | <input type="text"/> | ii) Year of Passing | <input type="text"/> |
| iii) Percentage of marks & class obtained | <input type="text"/> | iv) Community | <input type="text"/> |

Signature of the Staff
who verified the Certificate

Customer Signature of the HOD

Admitted / Non Admitted

PRINCIPAL