

APPLICATION No. :

APPLICATION FORM FOR ADMISSION

	<h1 style="margin: 0;">Bishop Ambrose College</h1> <p style="margin: 0;">CO-EDUCATION</p> <p style="margin: 0;">Sungam By-Pass Road Ram anat hapur am Coim bat or e -641045.</p> <p style="margin: 0;">☎ 0422 2316731/2317189</p>
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PHOTO

Course Applied For :

1.	NAME								
2.	DATE OF BIRTH		3.	COMMUNITY	SC / ST	MBC / DNC	BC	OC	
4.	CASTE :		5.	NATIONALITY		6.	SEX	M	F
7.	NAME OF PARENT / GUARDIAN (STATE RELATIONSHIP) :								
8.	RELIGION		10.	Parents / Guardian Occupation					
9.	ADDRESS FOR COMMUNICATION :		11.	Annual Income of Parents / Guardian					
			12.	If Physically Handicapped, Specify					
			13.	Are you Son / Daughter of Ex-serviceman of Tamilnadu origin					
	PIN		14.	Mention the origin of your State					
	Cel I Nb.		15.	Distinction in Sports / NCC / NSS					
	Phone No.		16.	Name & District of the school last studied					

17.	QUALIFYING EXAMINATION PASSED : HSC OR EQUIVALENT :					
	SUBJECT	M ARKS*	M AXIM UM	MONTH/YEAR OF PASSING	REGISTER No.	No . OF ATTEM PTS
	PART I : TAMIL	200				
	PART II : ENGLISH	200				
	PART III :					
	1.	200				
	2.	200				
	3.	200				
	4.	200				
	TOTAL	1200				

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.

N.B. : I am aware that fees paid will not be refunded for any reason.

Pl ace:

Dat e : SIGNATURE OF THE PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

CERTIFICATES VERIFIED:

HSC MARKS	COMMUNITY	TRANSFER
CONDUCT	SPL.CATEGORY	

Signature of Staff who Verified the application

Secretary

Principal

Remarks