

APPLICATION FORM NO.

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE FOR WOMEN

Kottayam-686 001, Phone No. 2562171

PROFORMA FOR UNIVERSITY ADMITTED STUDENTS (SPOT ADMISSION)

First Semester Undergraduate Programmes

Choice Based Course - Credit Semester System

Marks of the
Qualifying Exam

Office Use Only

.....
Admission No.....

Date of Admission.....

A. CORE SUBJECT CHOSEN:

B. SECOND LANGUAGE:

Passport size
Photograph
must be
affixed

1. Name in full as in the S.S.L.C. book (in block letters)				
2. Gender				
3. Date of Birth				
4. Age as on 1st October of the year of admission				
5. Religion (if Catholic, Parish & Diocese)	Parish			
	Diocese			
6. Caste or Community				
7. If Backward Community put tick mark wherever applicable (copy of the community certificate from the village officer to be attached)	SC	ST	OEC	OBC
8. Name of father				
9. Name of mother				
10. Present Address with Pincode & Telephone No. and mobile number				
11. Permanent Address with Telephone No.				
12. Occupation & Annual Income of parent	Occupation	Income Rs.		
13. Name of the institution last attended				

14. Number and date of Transfer certificate	
15. Residence, if admitted (at home/college Hostel/with local guardian)	
16. Name & Address of the local guardian (if residing with local guardian)	
17. Register Number and Year of SSLC or Equivalent Examination	
18. The period if any, during which the applicant has disconnected his/her studies and the reasons there of	

DECLARATION OF THE STUDENT

Ihereby declare that, if admitted to the college.I will abide by the rules and regulations of the College and that I will do nothing either inside or out side the.college that may interfere with its orderly working and discipline.

Date:.....

Signature of the Student

DECLARATION OF THE GUARDIAN

Ihereby undertake to pay all college dues on behalf of (student's name)who is my daughter/.....and to see to his/her good conduct and discipline in and outside the college

Date:.....

(Name and Signature of the Guardian)