

APPLICATION FORM NO.

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE, KOTTAYAM

Kottayam – 686 001, Phone No. 0481-2562171

www.bcmcollege.ac.in

First Semester Undergraduate Programmes Choice Based

Course – Credit Semester System

Food Science and Quality Control (Self-Financing Programme)

Admission No.....

Date of admission.....

A. SECOND LANGUAGE : HINDI / MALAYALAM

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 1 st October of the year of admission				
5. Place of Birth	Village	District		
	Taluk	State		
6. Religion (if catholic, Parish & Diocese)	Parish			
	Diocese			
7. Caste or Community				
8. If Backward Community put tick mark wherever applicable (copy of the community certificate from the village officer to be attached)	SC	ST	OEC	OBC
9. Name of father	Mobile No			
10. Name of mother	Mobile No			
11. Present Address with Pincode & Telephone No. Mobile No. of student Aadhaar No. E-mail ID:				
12. Permanent Address with Telephone No.				
13. CAP Registration No.				
14. Occupation & Annual income of parent	Occupation Income Rs.....			
15. Name of relatives who were/are students of this college and year of their studies.				

16. Name of the institution last attended	
17. Number and date of transfer certificate	
18. No. of appearance for the qualifying examination	
19. Residence, if admitted (at home/college Hostel/with local guardian)	
20. Name & address of the local guardian [if residing with local guardian]	
21. Register Number and Year of SSLC or Equivalent Examination	
22. The period if any, during which the applicant has disconnected his/studies and the reasons there of	

DECLARATION OF THE STUDENT

I hereby 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.

Signature of the student.

DECLARATION OF THE GUARDIAN

I hereby undertake to pay all college dues on behalf of [student's name] who is my son/daughter/..... and to see to his/her good conduct and discipline in and outside the college.

Date (Name and Signature of the Guardian)

FOR OFFICE USE ONLY

Approved for admission

Second Language.....

Date.....

PRINCIPAL

N.B.: Kindly attach a copy of your HSE Marklist, SSLC, copy of application submitted to University.

Details of Fee Payment

1. Mode of Payment :- Cash Online DD

If Online :-Transaction No date

DD No date