APPLICATION FORM NO.

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE, KOTTAYAM Kottayam – 686 001, Phone No. 0481-2562171

www.bcmcollege.ac.inApplication for M Sc Statistics (Applied Algorithms,

Statistical Techniques in Data Mining, Analysis of Multi Type data, Statistical Modeling, Nonparametric Statistics)			D	
				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	SC	ST	OEC	OBC
attached				
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	N OF THE STUDENT		
·	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 u	ndertake to pay all college dues on behalf of [student's		
name] who is m	y son/daughter/ and to see to		
his/her good conduct and discipline in and outside t	the college.		
Date	(Name and Signature of the Guardian)		
N.B.: Kindly attach a copy of submitted to University.	your Degree Mark list, copy of application		
Details o	<u>f Fee Payment</u>		
1. Mode of Payment :- Cash	Online DD		
If Online :- Transaction No	date		
DD No	date		
FOR OFFIC	E USE ONLY		
Admission No			
Date of admission			
Approved for admission			

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Date.....

PRINCIPAL