

Application Form No.

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE
Kottayam-686 001, Phone No: 0481 - 2562171
APPLICATION FOR ADMISSION TO UG
PROGRAMMES

CAP Application Number

A. CORE SUBJECT CHOSEN:

1st Choice.....Merit Marks.....

2nd Choice.....Merit Marks.....

3rd Choice.....Merit Marks.....

Passport size
Photograph
must be
affixed

B. SECOND LANGUAGE: HINDI/MALAYALAM

1. Name in full as in the S.S.L.C. Book / equivalent examination (in block letters)		
2. Sex		
3. Date of Birth		
4. Age as on 1st October of the year of admission		
5. Place of Birth	Village	District
	Taluk	State
6. Religion (if Catholic, Parish & Diocese) If a Knanaya Catholic attach letter of the Parish Priest		Parish Diocese
7. Caste or Community		
8. Name of father		
9. Name of mother		
10. Present Address with Pin Code & Mobile Number:		
11. Permanent Address with Mobile No:		
12. Occupation & Annual Income of Parent	Occupation	Income Rs:

P.T.O.

13. Approved records in sports, games, Subdistrict\ or District or State level (NCC / NSS copies of the certificates to be attached)	
14. Are you dependent of an ex-serviceman? If 'yes' attach the copy of the certificate	
15. Whether physically handicapped (attested copy of the medical certificate to be attached)	
16. Name of the institution last attended	
17. Name of the institution where the student pursued 10 th or equivalent and registration number	
18. Name of the institution where the student pursued Plus two or equivalent and registration number	
19. No: of appearance for the qualifying examination	
20. The period if any, during which the applicant has discontinued his / her studies and the reasons there of	

21. 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 outside the college that may interfere with its orderly working and discipline.

Signature of the Student

22. 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)

Details of Fee Payment

Mode of Payment :- Cash at College office Online

If Online :- Transaction No date

FOR OFFICE USE ONLY

Approved for Admission to Programme

Second Language.....

Date.....

PRINCIPAL

Note: Kindly enclose (1) envelop pasted with stamp worth Rs:30/- (2) Print out of email confirming fee payment (in case of online payment)(3) Copy of Plus Two or equivalent examination marklist (4) Certificate to prove the age

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE , KOTTAYAM

Application for Admission in the Year 2020-2021

Management Quota

Tick your category above

1.	B.A./B.Sc./B.Com. (Regular/Vocational)M.A./M.Sc./M.S.W./M.Com. MAIN SUBJECT.....	
2.	Name of Applicant :	
3.	Reg. No. of the application form Submitted in the college :	
4.	a) Name of the Examination passed with group / subject :	
	b) Has the candidate joined any other course of study after the qualifying exam? :	
	c) If so, name the course of study the institution and period of study :	
	d) Has the candidate completed the course? If not, state the reason :	
5.	Name of the institution Plus Two and Reg. No. :	
6.	Name of the institution SSLC and Reg. No. :	
7.	Total marks for qualifying examination :	
8.	Name of father, Address with Phone No.	Name of Guardian, Address with Phone No.
9.	Religion-Denomination :	
10.(a)	If Catholic, Name of parish	
	(b) Name of Diocese	
11.	Any other information: Special remarks, if any :	
 Signature of the parent with date Signature of applicant with date

CERTIFICATE OF SPONSOR

This is to certify that the candidate is known to me personally and that he/she shall abide by rules and regulations of the College.

I hereby undertake full responsibility about his/her conduct and behaviour

I recommended his/her case for admission in the College.

	Name of sponsor	Address	Phone No

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Signature of Sponsor with date