

APPLICATION FORM NO.

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE, KOTTAYAM

Kottayam – 686 001, Phone No. 0481-2562171

www.bcmcollege.ac.in

**Application for
Master of Commerce (Self-Financing Programme)**

Passport size
Photograph Must
be affixed

Admission No.....

Date of admission.....

| | | | | |
|---|---------------------------------|----------|-----|-----|
| 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)

N.B.: Kindly attach a copy of your Degree Marklist, 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

FOR OFFICE USE ONLY

Approved for admission

Second Language.....

Date.....

PRINCIPAL