

APPLICATION FORM NO.

BISHOP CHULAPARAMBIL MEMORIAL COLLEGE, KOTTAYAM

Kottayam – 686 001, Phone No. 0481-2562171

www.bcmcollege.ac.in

Application for Master of Science

Home Science: Child Development and Behaviour Science

(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		
		Parish		
		Diocese		
6. Religion (if catholic, 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