ALADI ARUNA COLLEGE OF LIBERAL ARTS AND SCIENCE (CO-ED.)

Tirunelveli - Tenkasi Highway Sivalarkulam (Po) - 627853
Alangulam - (Tk), Tenkasi - (Dt)
Mail: aladiarunaliberalarts@gmail.com, www.aaclibartandscience.com
Contact Number : 9585713337, 7373787337

Please affix recent passport size photo

APPLICATION FOR ADMISSION

Application no :

Course you wish to apply for

☐ **B.A (English)** ☐ **B.Com** ☐ **B.Sc. (Psychology)** ☐ **B.Sc. (Computer Science)**

1. Name (As per XII School record)**:**

2. Date of Birth & Age : **Gender :**

3. Religion : **Nationality :**

4. Community : **Caste :**

5. Marital Status :

6. Aadhar Card Details : **EMIS No :**

7. Father's Name : **Mother's Name :**

8. Address of the Parents

PERMANENT ADDRESS	COMMUNICATION ADDRESS
D/No:	**D/No:**
Street:	**Street:**
Village:	**Village:**
Taluk:	**Taluk:**
District:	**District:**
Pin Code:	**Pin Code:**
Telephone No:	**Telephone No:**
E-Mail ID:	**E-Mail ID:**

9. Academic Record

Level	Subjects	Marks	Percentage	Medium of Instruction & year of passing	Name of Institution & Address
I. Level - CLASS X High School	Language (Tamil)				
	English				
	Maths				
	Science				
	Social Studies				
	Total				

Level	Subjects	Marks	Percentage	Medium of Instruction & year of passing	Name of Institution & Address
II Level - CLASS XI					
	Total				

Level	Subjects	Marks	Percentage	Medium of Instruction & year of passing	Name of Institution & Address
II Level - CLASS XII					
	Total				

10. Extra Curricular Activities, Hobbies (Sports, Literary, Cultural, Etc)

11. Languages Known:

Language	Speak	Read	Write

12. Family Details : (Father, Mother, Brothers & Sisters)

Family members with Relationships	Age	Educational Qualification	Occupation	Income (p/a)	Residence Address

13. Undertaking

I hereby declare the above particulars are true and accurate to the best of my knowledge. I will abide by the rules and regulations of the college.

Signature of the parent

Signature of the Applicant

14. Certificates Enclosed (Attested) :

(Xerox copies only) (1) Educational Qualification (X, XI, XII Mark Sheet)
(2) Transfer Certificate
(3) Community Certificate (For SC/ST, BC & MBC only)
(4) Medical Fitness (Original)
(5) Aadhar Card

Office Use

Fee receipt No. :

Remarks :

Staff in-charge : _____

- ☐ X Mark Sheet
- ☐ XI Sheet
- ☐ XII Sheet
- ☐ Transfer Certificate
- ☐ Community Certificate
- ☐ Medical Fitness

College Seal

Signature of the Principal