

Name of the Candidate

Application No. **11416**

ROLL No.



**MADURAI SIVAKASI NADARS
PIONEER MEENAKSHI WOMEN'S COLLEGE**

Affiliated to Alagappa University, Karaikudi
POOVANTHI - 630 611 Sivaganga Dist. Cell : 98432-59191, 88077 69196
email: officemspioneer@gmail.com
Web : www.msnpioneermeenakshicollege.org
(Self - Financing College)

*Affix a Passport
Size Photograph*

Application form for Admission to
SEMESTER SYSTEM

Part 1 : TAMIL	Medium : ENGLISH
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1. Name in Capital Letters as in T.C. :
2. EMIS Number :
3. Date of Birth as in H.S.C. : 4. E.mail :
5. Mobile : 6. Religion :
7. Community : SC / ST MBC/DNC BC OC 8. Caste : 9. Nationality :
10. Aadhaar No. 11. Blood Group

12. Address Communication :

13. Name of the Father Occupation

14. Name of the Mother Occupation

15. Name of the Gardian Occupation

16. Parant / Spouse / Gardian Mob.No.

17. Orphan : Yes / No 18. Annual Income of Family :

19. Differently Abled : Yes / No 20. Type of Differently Abled :

21. Disability Percentage : 22. Disability ID Card : (UD ID / State)

23. First Graduation : Yes / No 24. Special Category of Student : (Sports/ Ex. Service Man)

25. Student Name as in Bank Account :

26. Bank Name : 27. Account Name :

28. A/c. No. : 29. IFSC Code:

30. Mother Tongue 31. Married or Single / If married

32. Name and address of School - Last studied :

33. Residential / Contact Ph. No.

34. Medium of Instruction in the school : ENGLISH / TAMIL

35. Whether accommodation is needed in the Hostel : Yes/No

36. Qualifying Examination Passed : HSC or Equivalent :

Subject	Maximum	Marks Obtained	Month/ Year of Passing	Register No.	No. of Attempts
Part I : Tamil	100				
Part II : English	100				
Part III : Subjects					
1.	100				
2.	100				
3.	100				
4.	100				
Total	600				

Note :

1. Marks entry should be attested by a Gazetted Officer / Any Responsible person with office seal
2. No Enclosures need be sent along with application except for item 13, 16

Office Seal

Signature of the Gazetted Officer

I declare that all the particulars furnished above are true and correct. I assure that I will abide by the rules and regulations of the college.

Place :

Date :

Signature of the Parent / Guardian

Signature of the Applicant

FOR OFFICE USE ONLY

Certificate Verified :

1. HSC Marks 2. Transfer 3. Conduct 4. Community 5. SSLC 6. Sports 7. Medical Fitness 8. Aadhaar Card

SPL Category (Ex-Service Man / Physically Handicapped)

Signature of Staff who processed the Application.....

Signature of Head of the Department

Admitted in

PRINCIPAL