

# SRI KALISWARI COLLEGE

Application No.

(Autonomous, Affiliated to Madurai Kamaraj University)  
A. Meenakshipuram, Anaikuttam Post, **SIVAKASI – 626 130**

Phone Nos. 04562 – 232648, 232264

E-Mail : [kaliswaricollege@gmail.com](mailto:kaliswaricollege@gmail.com) Website: [www.kaliswaricollege.org](http://www.kaliswaricollege.org)

## APPLICATION FORM FOR ADMISSION TO UG COURSES

Space for  
Photo of the  
Candidate

- Note : 1) All the entries should be made in **Block Letters** and in the **Candidate's own handwriting**.  
2) Incomplete application forms will be rejected.

1. Name of the Course

2. Name (in BLOCK LETTERS) (spell as in the +2 Mark Sheet)

Father's Name

3. Date of Birth :

(As in the SSLC Mark Sheet)

Sex\*

Male

Female

Transgender

4. Nationality :

Aadhaar No.

5. Religion :

6. a) Community \*: (i) OC  (ii) BC  (iii) MBC  (iv) DNC  (v) SC  (vi) ST

b) Caste :

Are you a First Graduate  
in your family ?

Put a ✓ mark  
Yes  No

7. Blood Group :

X Std. Reg. No.

Marks:

/500

8. a) Examination passed \* : **HIGHER SECONDARY / CBSE / ICSE**

Name & Address of the School studied.

Year of Passing

<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

b) Medium of Instruction:

Overall % of Marks

%

c) Marks obtained (Note: Enclose a photocopy of the +2 statement of Marks along with the application)

Subject	Marks obtained	Maximum	Month & Year of Passing	HSC Reg. No.	Number of Attempt (s)
Tamil / Hindi / French					
English					
1.					
2.					
3.					
4.					
Total					

\* Tick the item applicable

9. Break in studies, if any

i) \_\_\_\_\_ years      ii) From \_\_\_\_\_ To \_\_\_\_\_      iii) Reason \_\_\_\_\_

10. Information about Parent / Guardian

Parent / Guardian	Name	Educational Qualification	Occupation	Annual Income (Rs.)
Father				
Mother				
Guardian (Specify the relationship)				

Permanent Residential Address:	Address for Communication:
_____	_____
_____	_____
_____ Pin Code _____	_____ Pin Code _____
Taluk _____ District _____	Taluk _____ District _____
Phone No. with STD Code: _____	Phone No. with STD Code: _____
Mobile No. _____	Mobile No. _____
E-mail id: _____	E-mail id: _____

11. Do you require Hostel Accommodation? : **YES / NO**

12. Do you belong to any of the following? If so, produce necessary certificate

a) Differently Abled person : Yes / No	c) Son / Daughter of Ex-Service man : Yes / No
b) Refugee : Yes / No	d) Participation in Sports (State, District) / NSS / NCC

### DECLARATION

I declare that all the particulars furnished above are true and correct. I submit that I will abide by the rules and regulations of the College. **I also agree not to insist on the refund of the fee paid by me in case I discontinue my studies from the college due to any reason.**

Station :

Date : \_\_\_\_\_ Signature of the Parent / Guardian

Signature of the Applicant

### FOR OFFICE USE ONLY

#### CERTIFICATES SUBMITTED

HSC Marks	Transfer	Conduct	Community	Sports	Blood Group	SPL Category

Signature of the Staff who processed the Application Form: \_\_\_\_\_ [Name \_\_\_\_\_]

Date of admission \_\_\_\_\_

Admitted to \_\_\_\_\_

### ORDERS OF THE PRINCIPAL

Details of Fee	Receipt No.	Date	Initial of the Cashier	Admission No.
Registration Fee				
Tuition Fee & Special Fee				