

No.

# BHARATHIDASAN COLLEGE OF ARTS & SCIENCE

Ellispettai, Pallapalayam (Po), Erode – 638 116, Tamil Nadu.

(AFFILIATED TO BHARATHIAR UNIVERSITY, COIMBATORE)

Phone : 0424 – 2534121, 2535647, Fax : 0424 – 2533128 Web : www.bcas.co.in email : bcas95@gmail.com

## APPLICATION FOR ADMISSION TO UNDER GRADUATE COURSE

Course Applied for :

Course Choice First Choice : \_\_\_\_\_ Second Choice: \_\_\_\_\_

1. Name (in Tamil) : \_\_\_\_\_

In English (as in The Mark Sheet) : \_\_\_\_\_

2. Sex :  Male  Female

3. Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

4. Nationality : \_\_\_\_\_

5. Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

6. Community :  FC  BC  MBC  DNC  SC  ST

7. Blood Group : \_\_\_\_\_

8. Name of Father / Mother / Guardian : \_\_\_\_\_

9. Occupation : \_\_\_\_\_

(IF EX.SERVICE MAN (or) SERVICE IN ARMY – SPECIFY RANK, GRADE – PROOF TO BE ATTACHED)

10. Annual Income : Rs. \_\_\_\_\_

11. State :  Tamil Nadu  Other State (Specify) \_\_\_\_\_

12. Address For Communication :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District : \_\_\_\_\_ State : \_\_\_\_\_  
Pin Code : \_\_\_\_\_  
Ph. No : \_\_\_\_\_ Mobile: \_\_\_\_\_

13. Permanent Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District : \_\_\_\_\_ State : \_\_\_\_\_  
Pin Code : \_\_\_\_\_  
Ph. No : \_\_\_\_\_ Mobile: \_\_\_\_\_

Photo

14. Name of the HSC Course Studied :

15. Qualifying Examination Passed :  HSC  CBSE  ISC  OTHERS (Specify) \_\_\_\_\_

16. School Last Studied :

17. Month & Year of Passing the

Examination qualifying :

18. Medium of Instruction :  Tamil  English

19. Marks obtained :

Tamil	English					Total	Total	%	Class
							Out Of		

20. Extra Curricular Activities : N.C.C. / N.S.S / Sports / Others

21. Whether Passed In the First Attempt :  Yes  No, No of Attempts: \_\_\_\_\_

22. Whether Hostel Accommodation is Required :  Yes  No

23. Physically challenged :  Yes  No If Yes Type of Disability 

VH	OH	HH
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## DECLARATION

I declare that the particulars furnished here are correct and true to the best of my knowledge and belief. I will abide by the rules and regulations of the college, If admitted.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Signature of the Applicant

Station :

Date :

NOTE: 1. Incomplete application will summarily be rejected

2. Copies of Certificates must be enclosed for items in 6,19,21&24

For Office Use Only

Remarks

Certificates Checked By : \_\_\_\_\_

Admitted in To : \_\_\_\_\_

Admission No. : \_\_\_\_\_

Date of Admission : \_\_\_\_\_

PRINCIPAL