Application No:	artists of Warks



K.R.P. College of Arts and Science

(A Co-educational Institution)
[Affiliated to Madurai Kamaraj University]

[Run by R.Ponnusamy Naidu Educational & Charitable Trust]
Kakkivadanpatti, Uppupatti Road, Sivakasi - 626 124, Virudhunagar Dist.

	APPLICATION FORM - UG DEGREE COURSES												Partille : All man					
Note: 1) Put tick mark wherever needed.															1			
☐ B.A., Tamil ☐ B.Sc., Physics ☐ B.Com.,									РНОТО									
☐ B.A., English ☐ B.Sc., Chemis						mistr	try B.Com (CA)											
☐ B.Sc., Mathematics ☐ B.Sc., Computer Science ☐ B.B.A.,												east there is a						
1.	Name	(IN ENGLISH)																
2.	Date Of Birth	H			E NA	164		AADHA	AR	14420	191	IN THE	商业	Hay	27 1.	F5J.	121	(IN TAMIL)
3.	Community	OC BC MBC/ DNC SC/ST 4. CASTE																
5.	Religion	-11														3,00		dist.
6.	Nationality									7.		SE	K					HINE W
8.	. Name Of The Parent/ Guardian																	
(state Relationship)													nesica n Brád					
9.	Occupation Of	ation Of Parent						10. Annual Income										
11.	Permanent Ad	dress	:			130									7.			
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	bile No:					Er	mai	IID:	THO	I LIAV								
12.	If Physically							13.	Are You Son/daughter Of Service Man Of Tamilnadu							in		
14.	Are You Of Tamilnadu Origin From Andamannicobar Islands ?								15. Distinction In Spor						/NC	cc/		- M
16.	6. Name & Location (District) Of School Last Attended																	
17.	7. Reason For Break Of Study, If Any																	

Details of Marks obtained in Higher Secondary or it's equivalent Examination: 18. Month & Year Marks Maximum No of Registration Subject of Passing **Obtained** Marks Number **Attempts** Part I: Tamil 100 100 Part II: English Part III: 1. 100 100 2. 3. 100 100 4. **Total Marks** 600 **DECLARATION BY THE CANDIDATE** I declare that all the particulars furnished above are correct and that i will abide by the rules and regulation of the institution. Station: Signature of the Applicant Date : **DECLARATION BY THE PARENT / GUARDIAN** Solemnly document that I am fully aware of the declaration made by my son / daughter / Ward and I declare and bind myself the same terms contained in the above declaration. The Statement and the information given are true to the best of my knowledge. 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: Signature of the Parent / Guardian Date : FOR OFFICE USE ONLY NAME OF THE COURSE FINALIZED **CERTIFICATES VERIFIED** CONDUCT COMMUNITY TC MARK SHEET SPECIAL CATEGORY Admitted

Signature of H.O.D. who verified the Application

Principal