



# DE PAUL COLLEGE & MG UNIVERSITY OFF CAMPUS

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## APPLICATION FORM FOR NEW ADMISSION[1Year]

Bcom Mcom BA Others

<b>Name of the candidate as in SSLC</b>		<b>Photo</b>	
a) In English	<input type="text"/>		
b) In Malayalam	<input type="text"/>		
Age & Date of Birth	<input type="text"/>	<input type="text"/>	
Name of Father/Guardian	<input type="text"/>		
Occupation of Guardian	<input type="text"/>		
Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>			
Mobile Number	<input type="text"/>		
TelePhone Number	<input type="text"/>		
<b>Permanent Address</b>		<b>Communication Address</b>	
<input type="text"/>		<input type="text"/>	
Religion	<input type="text"/>	Caste <input type="text"/>	
Name Of the Course Applied	<input type="text"/>		
Name of Qualifying Exam & Institution last attend	<input type="text"/>		
Year of passing Qualifying Exam	<input type="text"/>		
<b>Mark Statements</b>			
<b>Subject</b>	<b>Total Mark</b>	<b>Mark obtained</b>	<b>Grade</b>
Part1 : English			
PartII :Malayalam/Hindi			
Part III:1)			
2)			
3)			
4)			
5)			
6)			
<b>Grand Total</b>			

**DECLARATION**

I hereby declare that all the statements furnished above are true. I also declare that I shall strictly abide the rules and regulations of the institute made the time to time and shall try my best to keep the good name and moral of the institute. Should anything contrary of these happen from my part, I promise to be subjected to any disciplinary action including the termination of my course and dismissal from the institute. I also declare that I shall fully compensate for any material damage in the institute from my part. I know that my admission is for one year and I need to seek readmission, in every academic year. I do declare that I will abstain from any political or organizational activities in the campus and its promises

Place

Signature of the Applicant

Date

**DECLARATION BY THE PARENT/GUARDIAN**

I here declare that I shall be responsible for all the activities of my son/daughter/ward/sponsored applicant in the institute and I also agree to abide by rules and regulation of the institute made time to time

Place

Date

Signature of the Parent/Guardian

**FOR OFFICE USE ONLY**

Re-Admission Date

Remarks

Signature of Principal.