

## **ALPHONSA COLLEGE THIRUVAMBADY**

Run by Educational Trust of Diocese of Thamarassery
Affiliated to the University of Calicut
Thiruvambady P O, Kozhikode – 673603, Kerala, India
Tel. No. 0495-2254055, Mobile: 8606890272, 9846840272

www.acttdy.com email: acttdy@gmail.com

## APPLICATION FOR P.G Courses 20 20

III I EIGITTON I ON I IG GOULGES 20 _ 20_										
		M.Con	n M.	A. Englis	h					
1. Name of the candidat	Affix passport									
2. Gender: 3. Date			of Birth & age:			size photo				
4. Nationality: 5. Relig			gion:							
6. Cast &Community :										
7. Category (put tick mark)	SC	ST	OBC	EWS	GENERAL					
8. Name of Father/ Gua		Occupation	on of Father:							
9. Name of Mother:		Occupati	on of Mother:							
10. Annual Income:				11. Blood	Group:					
11. Permanent Home Address :			Address for Communication							
Pin code: Ta	luk:		Pin code	:	Taluk:					
Landline No:			Parent's	Mobile No	:					
Candidate's Mob. No:										
12. Email ID:										
13. Name of the institut										
and the university to which it is affiliated:										

14. Programme: Reg. No & Year of Passing:

Details of qualifying Examin	ation :							
15. Graduation (Put tick mark)	B. Sc.	B.Com	Others (	· , , , , , , , , , , , , , , , , , , ,				
University	(	College	Core	Core Subject				
Details of Marks/ Grade(Gra	CGP	A	Grade	CGPA %	Credits			
Common Course – English								
Common Course - Malayalam								
Common Course other than La								
Core Courses								
Complementary Course I								
Complementary Course II								
Open Course								
Enclose self-attested copies of S	SLC, Plus T	wo & Degre	e Certificat	es with the a	pplication form			
Proof of SC/ST/OBC/OEC Comm	unity Certif	icate.						
L6. Certificate in Sports and Ga	mos/NCC	NSS if any						
Enclose self-attested true		•						
17. Hostel Accommodation is re	Yes /	/ No						
		DECLAR						
		•						
and that I shall abide by the rul	_				_	inside or		
outside the college that will int	eriere witi	i its orderi	y working,	, uiscipiille a	nu reputation.			
Signature	Cou	Counter signed						
Name & of Candidate:	Nar	Name & Signature of Parent/Guardian						
Place:								
Date:								
	F	OR OFFICE	USE ONLY					
Course to which admitted:	Admission No.							
Date of Admission:		Class No.						
Principal		Manager						

 $<sup>\</sup>ensuremath{^{*}}$  Please see that full and accurate information is furnished against each of the column.