

AMBIGA COLLEGE OF ARTS AND SCIENCE FOR WOMEN

(Affiliated to Madurai Kamaraj University and Approved by NAAC)

ANNA NAGAR, MADURAI- 625020.Ph.0452-2533751, 2535613

Website: www.ambigacollege.com

APPLICATION FOR ADMISSION TO _____

1. Name of the Applicant as in X Mark Statement. (In Block Letters) :
2. Father's Name :
3. Mother's Name :
4. Date of Birth as in X Mark Statement :
5. Religion & Nationality :
6. Community : BC / MBC / SC / ST/ OTHERS
(Xerox copy should be enclosed) :
7. Occupation and Annual Income of the Parent :
8. Name and Address of the Higher Secondary School / College last attended :
9. Qualifying Examination Passed (Xerox Copy of the Mark Statement should be attached) :
10. Number of Attempts / Break / If any :
11. Details of Marks Obtained :

For PG DEGREE

Name of the University

Subject	Marks Obtained	Maximum Marks	Percentage of Marks	Month & Year of Passing
Part -I				
Part-II				
Part-III				

12. Whether you are in receipt of any Fee Concession / Scholarship / Aid – Previously? If So, Give Details :

13. Proficiency or Distinction in
(Sports / Games – Specify Details) :
14. Have you applied to any other College :
15. Phone No. / Mobile No :
16. Address to which Communication should be sent :

I do hereby declare that the particulars furnished above are correct and true and that I will abide by the rules and regulations of the college.

Date:

Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

I hereby declare that my ward who is applying for the above admission will abide by the rules and regulation of the Ambiga College, Madurai and that any action taken by the Principal, in case of misconduct of my ward, is binding on me and my ward.

Date:

Signature of the Parent / Guardian

NOTE:

1. Certificate to be enclosed (Originals & Xerox Copies)
2. No fee will be refunded even if you leave immediately after joining the college or leave in the meantime.

OFFICE USE

- | | | |
|-----------------------------|----------|--------------------------|
| 1. Admitted In | : | Fees Particulars |
| 2. Admission No. | : | Amount : |
| 3. Date of Admission | : | Date of Payment : |
| | | Receipt No. : |

Office Assistant

H.O.D

Principal