



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

(Affiliated to the Bharathiar University)

Dr.N.G.P. Nagar, Kalappatti Road, Coimbatore-641 035 Ph : 0422-2627098, 2628944

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APPLICATION FORM FOR ADMISSION TO THE POST GRADUATE COURSES

The course applied for : _____

Year : 200 - 200

Application No :

Photo

01. Name in capital letters :
02. Date of birth : Sex :
03. Community : OC / BC / MBC / SC / ST
04. Name of the sub - caste :
05. Religion : Nationality :
06. a) Name of Father / Guardian :
b) Occupation :
c) Annual Income :
d) Permanent Address of the Parent / Guardian : _____

PIN
Phone :
07. Address to which communication is to be sent (capital letters) : _____

PIN
08. Total marks obtained in UG exam (Part III Subjects Including Ancillaries) : _____ out of _____
09. a) Name of the College last studied with address :
b) University _____ Period of study : 200 to 200
10. Name of the qualifying examination and month & year of passing :

Details of Marks obtained in UG Degree Exam

Name of the Subject	Marks Obtained	Max Marks	Month and Year of Passing	No. of attempts
First Year				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Second Year				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
Third Year				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
TOTAL				

I declare that the particulars furnished above are correct. If admitted, I will abide by the rules and regulations of the College. If it is detected at any time that I have given any false information, I can be sent out of the college. I understand that my admission is provisional, subject to the approval by any competent authority.

Station :

Date :

Signature of the Parent / Guardian

Signature of the Applicant

FOR OFFICE USE ONLY

CERTIFICATES ENCLOSED

	ORIGINAL		XEROX	
MARK SHEET	TC	CC	COMMUNITY	SPL. CATEGORY

ADMITTED

SIGNATURE OF VARIFICATION STAFF _____

SIGNATURE OF ADMISSION COMMITTEE MEMBER _____

PRINCIPAL