

Application No.

# SAVITHRI DEVI SABOO MEMORIAL WOMEN'S COLLEGE, VELLANNUR

ESTD. 1995

Choolur P.O, Kozhikode- 673601

(Affiliated to University of Calicut)

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## APPLICATION FOR ADMISSION TO POST GRADUATE PROGRAMMES 20....20....

TO BE FILLED IN BY THE CANDIDATE

Course Applied for

1. Name

(IN BLOCK LETTERS as in the SSLC Book)

2. Name (in Malayalam)

3. Date of Birth

4. Sex: Female

5. Nationality

(Enclose attested true copy of the SSLC Book)

6. Religion, Caste and Category:

Religion

Caste

Category (Specify whether belongs to General, Muslim, ETB, OBH, OBX, LC/AL, SC, ST)

(Enclose attested true Copies of testimonials)

7. Name of the Parent/ Guardian (State Relationship)

8. Occupation of Parent/ Guardian

9. Annual Income

10. Have you participated in the NCC/ NSS

(Enclose attested true copies of testimonials)

11. Quota applied for (Put ✓ mark): Sports

Lakshadweep

Ex- Servicemen

Not Applicable

(Enclose attested true copies of testimonials)

12. Whether the Candidate is Handicapped? (Yes/No)

13. Whether Blind? (Yes/No)

14. Permanent Address:

Name.....

Address.....

PIN.....

Phone.....

15. Address of Correspondence

Name.....

Address.....

PIN.....

Phone.....

16. Hostel Accommodation: (Yes/No)

17. Name of the College last attended:

18. Qualifying Examination Passed: Reg. No.

Degree

Subject

19. Number of chances taken for passing the qualifying Examination (Write 1, 2, 3, 4):

P T O

**20. Statement of marks of the qualifying examination:**

Subjects	Marks		Month & Year of Pass	CGPA	Percentage
	Obtained	Maximum			
Part I English					
Part II Second Language (.....)					
Part III Core Subjects					
Complementary Course- I (.....)					
Complementary Course- II (.....)					
Open Course (.....)					
<b>Over all CGPA</b>					

*(Append the attested copies of relevant Grade Card/Mark list)*

**DECLARATION**

I hereby declare that the particulars given above are correct and that I shall abide by the rules of the College

I undertake to pay the Course fee and other college dues as and when required

I promise to be regular in attending the classes, show progress in studies and maintain good character

Place:

Signature of the Applicant

Countersigned

Name

Signature of Parent/Guardian

Name

Date:

<b>FOR OFFICE USE ONLY</b>			
Recommended/not Recommended for Admission to:		Admitted to class:	
Signature of the Head of the Department		Signature of Principal	
Date and time of interview		Date	

