

Name of the Candidate

Application No.

Registration No.



**MADURAI SIVAKASI NADARS
PIONEER MEENAKSHI WOMEN'S COLLEGE**

POOVANTHI - 630 611 Sivaganga Dist.
Tel : 954574-265056, 98432-59191
email:msnpmwcpoo@yahoo.com
(Self - Financing College)

Affix a Passport
Size Photograph

Application form for Admission to

SEMESTER SYSTEM

Part 1 : TAMIL	Medium : ENGLISH
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1. Name in Capital Letters as in T.C. :

2. Date of Birth as in H.S.C. : 3. Community : SC / ST MBC/DNC BC OC

4. Religion 5. Caste 6. Nationality

7. Name of the Father / Guardian Mother Blood Group

8. Place & District to which the Applicant belongs :

9. Married or Single :
If married,
a) Name of Husband and his Occupation :
b) No. of Children :

10. Occupation of Parent or Guardian :

11. Annual Income of Parent or Guardian :

12. Address for Communication Pin : <input type="text"/> Residential / Contact Ph. No. <input type="text"/>	13. Physically Challenged, (If yes attach details) Yes/No
	14. Is Your Father an Ex-Serviceman of Tamilnadu origin Yes/No
	15. Are you of Tamil origin from Andaman Nicobar island Yes/No
	16. Distinction in sports / NCC / NSS (Attach details) Yes/No
	17. Name and address of School - Last studied :

18. Medium of Instruction in the school :

19. Whether accommodation is needed in the Hostel : Yes/No

20. Qualifying Examination Passed ; HSC or Equivalent :

Subject	Maximum	Marks Obtained	Month/ Year of Passing	Register No.	No. of Attempts
Part I : Tamil	200				
Part II : English	200				
Part III : Subjects					
1.	200				
2.	200				
3.	200				
4.	200				
Total	1200				

Note :

1. Marks entry should be attested by a Gazetted Officer / Any Responsible person with office seal
2. No Enclosures need be sent along with application except for item 13, 16

Office Seal

Signature of the Gazetted Officer

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

Place :

Date : _____ Signature of the Parent / Guardian _____ Signature of the Applicant _____

FOR OFFICE USE ONLY

Certificate Verified :

1. HSC Marks 2. Transfer 3. Conduct 4. Community 5. SSLC 6. Sports 7. Medical Fitness
SPL Category (Ex-Service Man / Physically Handicapped)

Signature of Staff who processed the Application.....

Signature of Head of the Department

Admitted in

PRINCIPAL