



No.

ST. JOSEPH'S COLLEGE

(ARTS & SCIENCE)

(Affiliated to University of Madras & Recognised by Govt. of Tamil Nadu)
(Managed by Sisters of DMI)

Kovoor, Chennai - 600 128

Ph : 2478 0121, 2478 0622 Mobile Ph : 94444 05816

E-mail : joseph_dmi@yahoo.co.in, Website : www.stjosephcollege. in

Affix Passport Size
Colour Photograph

Application for admission to :

P.G. COURSE : M.Com./ M.A. (Phil) / M.Sc. (CS) / M.S.W.

(Tick (✓) whichever is relevant)

PRELIMINARY REGISTRATION FORM

PLEASE INDICATE THE COURSE IN ORDER OF PRIORITY

A _____

B _____

C _____

BIOGRAPHICAL INFORMATION

Name : _____

Date of Birth : _____

Place of Birth : _____

State / Country : _____

Nationality : _____

Religion : _____

Community : _____

SC / ST / BC / MBC / OC : _____

Mother Tongue : _____

Address for Communication : _____

Phone / Mob. Ph. : _____

Name of Parent / Guardian: _____

Occupation : _____

Annual Income : _____

Address : _____

Tel. No. : _____ Fax No. : _____

E-mail : _____ Fax No. : _____

STUDENTS WHO WISH TO STAY IN HOSTEL SHOULD FILL UP THE FOLLOWING COLUMN

Name of Parent / Guardian: _____

Occupation : _____

Annual Income : _____

Address : _____

Tel. No. : _____ Fax No. : _____

E-mail : _____ Fax No. : _____

DETAILS OF QUALIFYING EXAMINATION :

Name of the Qualifying Exam (HSE / CBSE / Pre-Degree) _____

Year of Passing : _____ Percentage % _____ No. of Attempts : _____

Affiliating Body : _____

The institution and place studied : _____

STATEMENT OF MARKS

SUBJECT	MARKS OBTAINED	MAX. MARKS	% OF MARKS

DECLARATION BY THE CANDIDATE

I hereby certify that the information furnished in this application form is complete and accurate. I understand that the submission of inaccurate information may entitle to the cancellation of my admission.

I shall abide by the rules and regulations laid down by the Institution from time to time.

Name : _____ Name : _____

Signature of the Student

Signature of the Parent / Guardian

Do you require hostel accommodation

Yes

No

Place :

Date :

DECLARATION BY THE PARENT / GUARDIAN

I Mr. / Mrs. _____ Parent / Guardian of regulations of the college. I understand and agree to abide by the action taken by the college pertaining to the selection for University Examination, attendance percentage and discipline of my ward in the college.

I understand that once admitted for the course my ward is expected to complete the course and must not withdraw from college. I also understand that the fee once paid is not refundable. If the student wishes to withdraw from the college after 15 days from the date of admission, fees have to be paid for the entire 3 years.

I hereby declare that the statement made herein are correct and true to my knowledge, information and belief and that if found to be incorrect and false, I understand that the management reserves the right to debar my ward and admission of my ward to the course stands cancelled forthwith.

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

List of Certificate submitted : _____

Eligible / Not Eligible : _____

PRINCIPAL

CHAIRMAN

Note:

1. The application is invalid if not signed by the parent / guardian and candidate.
2. Eligible Students are admitted after interview / written test by the management.
3. Every application form must be accompanied by the following.
 - (a) Photocopies of certificates and mark sheets of qualifying examinations.
 - (b) Conduct certificates.
 - (c) Six Passport size colour photographs.
 - (d) Community Certificate (if applicable)

FEE REMITTANCE SLIP

FOR OFFICE USE ONLY

Reg.No.

Name of the Candidate : _____ Course : _____

Date of registration : _____ Amount Payable : _____

DATE	MODE OF PAYMENT	AMOUNT PAID

ACCOUNTANT