


Rs. 120/-

Application No.

	<p>JAMAL MOHAMED COLLEGE (Autonomous)</p> <p>College with Potential for Excellence Re-accredited (3rd Cycle) with 'A' Grade by NAAC (Affiliated to Bharathidasan University) TIRUCHIRAPPALLI - 620 020.</p> <p>Application form for Admission to M.A. / M.Sc. / M.Com. / M.S.W. (2018 - 2019) (Self - finance - Women)</p>	<p><i>Passport Size Photo to be affixed only at the time of admission</i></p>
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Course Applied for : Course _____ Subject _____
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1. Name with initials (BLOCK LETTERS) (as in HSC Mark Statement)* _____
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2. Date of Birth (as in HSC Mark Statement)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Date</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	Date	Month	Year				3. Nationality : _____
Date	Month	Year						

4. Gender (✓) Male Female Transgender

5. a) Religion : (✓) Islam Hindu Christian Others

b) Community : (✓) BCM BC MBC DNC SC SCA ST OC

c) Caste : (as in community certificate)*

d) Aadhar Card No.

6. Are you differently abled : Yes / No If yes, state its nature* :

7. a) Are you a Daughter of Ex-serviceman of Tamil Nadu Origin* : Yes / No

b) If yes give Details : No. Rank Place

8. a) Name of Father : Mobile No.

b) Name of Mother : Mobile No.

c) Name of Guardian, if any : Mobile No.

d) Occupation and Annual Income Email :
of the Parent / Guardian

9. Are you employed? Yes / No : If Yes, give detail

10	Address for Communication :							
PIN : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>								

11. a) Name & District of
College where UG Course Studied

b) Name of the University to which the above College is affiliated

c) Name of the Qualifying Examination passed / appeared

d) Month and year of passing / appearing Year of Study : From to

12. a) Upto FIFTH SEMESTER : Percentage of Marks in Part III alone*

b) Upto SIXTH SEMESTER : Percentage of Marks in Part III alone*

*Enclose Xerox Copy of the Certificate

13. Marks Statement

	Marks Secured	Maximum Marks	Percentage
Part - I (Mention the Language)
Part - II - English
Part - III Core, Allied & Major Based Electives
Part - IV NME, SBE & Value Education
Part - V (if any) Extension & Gender Studies

Note : If the scores are on the grade point system convert them into marks and fill-up the columns

14. If your father is working abroad,
his foreign Address and Phone No.

15. Permanent Address with Phone No.

Mobile No :

Mobile No :
(For Sending SMS from the College)

(b) State whether you have furnished the mark statement
and percentage of marks for the entire six semesters

Yes

No

[Tick the appropriate box (✓)]

16. (a) Additional / Diploma, if any Month & Year of Passing

(b) Institution where studied
Percentage / Grade obtained

Note :

1. The College does not collect capitation fee for admission to any course

2. Payment of fee is only through online Visit : www.jmc.edu/Online-Payment

DECLARATION

✧ I declare that particulars given here are correct and I will, if admitted, abide by the rules and regulations of the College. I assure that ***I will not take part in political or agitational activities inside or outside the College*** and I further promise that I will behave in a manner that will bring credit to the College and to our Country.

✧ I am aware of the law regarding the prohibition of ragging as well as the punishments and if found guilty of the offence of ragging and / or abetting ragging, is liable to be punished appropriately. I agree to abide by the punishment in case I am found guilty of ragging and / or abetting ragging.

Station :

Date :

Signature of the Parent / Guardian

Signature of the Applicant

FOR OFFICE USE

Date of payment :

Bill No. :

ADMITTED

PRINCIPAL