

## **SRI KANYAKA PARAMESWARI** ARTS & SCIENCE COLLEGE FOR WOMEN



(Under the Management of SKPD & Charities) Affiliated to the University of Madras No.1, Audiappa Street, Chennai - 600 001. Tel: 044-2539 4279, 2538 7022 Fax: 044-2538 3279 Email: srikanyaka@ymail.com / web: www.skpc.edu.in

| APPLN. NO.                          |        |        |           |                   | SHIFT - I DATE 0    |                                                       |       |                |           |       |          |       |     |      | F REGN. |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
|-------------------------------------|--------|--------|-----------|-------------------|---------------------|-------------------------------------------------------|-------|----------------|-----------|-------|----------|-------|-----|------|---------|----------|---|----------|----------|-----|----------------|----------|------------------------|------|---------|-----|---|---|---|----|--|
| Post Gra                            |        |        |           |                   |                     |                                                       | Grad  | aduate Courses |           |       |          |       |     |      |         |          |   | M.Phil*  |          |     |                |          |                        |      | Student |     |   |   |   |    |  |
| M.Com M.A., (Human Resource Managem |        |        |           |                   |                     | M.Sc., (H.Sc – Interior<br>ment) M.Sc., (Computer Sci |       |                |           |       |          |       |     | -    |         |          |   | Commerce |          |     |                |          | Passport<br>size photo |      |         |     |   |   |   |    |  |
| Nan                                 | ne of  | the    | Appl      | ican <sup>.</sup> | t [En               | ıglisl                                                | h]    |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
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| Nan                                 | ne of  | the    | Appl      | ican <sup>.</sup> | t [Ta               | mil]                                                  |       |                |           | 1     | I        |       |     |      |         | <u> </u> |   |          | 1        |     | 1              | <u> </u> |                        |      |         |     | ı |   |   |    |  |
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| Date of Birth                       |        |        |           |                   |                     | Nationality                                           |       |                |           |       |          |       |     |      |         |          |   |          | Religion |     |                |          |                        |      |         |     |   |   |   |    |  |
| D                                   | D      | М      | М         | Υ                 | Υ                   | Υ                                                     | Υ     |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
| Gen                                 | der    |        |           |                   |                     |                                                       |       | _              | Community |       |          |       |     |      |         |          |   |          |          |     | Mother Tongue  |          |                        |      |         | ue  |   |   |   |    |  |
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| Cast                                | te     |        |           |                   |                     |                                                       |       |                |           |       |          |       |     |      |         |          |   |          |          | Aad | dhaar Card No. |          |                        |      |         |     |   |   |   |    |  |
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| Student's Mobile No.                |        |        |           | -                 | Student's E-mail ID |                                                       |       |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
|                                     |        |        |           |                   |                     |                                                       |       |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
| Pare                                | ent D  | etail  | s: N      | Jame              | of t                | he M                                                  | loth  | er [E          | ngli      | sh]   |          |       |     |      | •       | !        |   | •        | •        |     | •              | !        |                        |      |         | •   |   | • |   |    |  |
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| Nan                                 | ne of  | the    | r<br>Fath | er/               | L<br>Guar           | dian                                                  | ı [En | glish          | ւ<br>ո]   | 1     |          |       |     | ļ    |         |          |   | ļ        | 1        |     | 1              |          |                        |      | ļ       | ļ   |   |   |   |    |  |
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| Fath                                | er's   | / Gu   | ardia     | an's              | Qual                | lifica                                                | tion  |                |           |       | Оссі     | ıpati | on  | 1    | -       |          |   |          | -        |     | -              |          |                        |      | 1       | -   |   |   |   |    |  |
|                                     |        |        |           |                   |                     |                                                       |       |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
| Ann                                 | ual II | ncon   | ne : I    | Fathe             | er/G                | uard                                                  | ian   |                | E-mail ID |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
|                                     |        |        |           |                   |                     |                                                       |       |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
| Offic                               | e Ad   | ddres  | SS        |                   |                     |                                                       |       |                |           | _     |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
|                                     |        |        |           |                   |                     |                                                       |       |                |           |       |          |       |     |      |         |          |   |          |          |     |                |          |                        |      |         |     |   |   |   |    |  |
| Pho                                 | ne N   | o. La  | ndli      | ne                |                     |                                                       |       |                | Mob       | ile N | umb      | er: l | ath | er/G | uard    | ian      |   |          |          |     | Mob            | ile N    | luml                   | oer: | Mot     | her |   |   |   |    |  |
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| Res                                 | dent   | tial A | ddre      | ess               |                     |                                                       |       | _              |           | •     |          |       |     |      |         |          |   |          |          | _   |                |          |                        |      |         | _   |   |   |   |    |  |
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|        | SHIFT - I                                               |                |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|---------------------------------------------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME:  | Acknowledgement 2017-2018 Received Application Form for | APPLN. NO.     |  |  |  |  |  |  |  |  |  |  |  |  |
|        | PG Courses                                              | M.Phil Course* |  |  |  |  |  |  |  |  |  |  |  |  |
| M.Com. | M.A., (Human Resource Management)                       | Commerce       |  |  |  |  |  |  |  |  |  |  |  |  |

M.Sc., (H.Sc.-ID & D) M.Sc., (COMP. SCIENCE)

| Tick the A <sub>l</sub> | ppropriate Bo                  | х 📗              | Physic<br>Handic          |        | d   |            | Spo<br>NS | orts/N<br>SS | CC    |                  | Tan<br>And | nil Oı<br>Iama | rigin<br>an an | from   | ı<br>cobar              |  |     |       | rigii<br>amr | n forn<br>nu & | n<br>Kashr | nir |
|-------------------------|--------------------------------|------------------|---------------------------|--------|-----|------------|-----------|--------------|-------|------------------|------------|----------------|----------------|--------|-------------------------|--|-----|-------|--------------|----------------|------------|-----|
| Name & A                | ddress of the                  | School           | last St                   | udied  |     |            |           |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
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| Medium of               | f Instruction:                 | (V) X C.         | TD                        |        |     |            |           |              |       | (B) X            | II STD     |                |                |        | _                       |  |     |       |              |                |            |     |
| viedidili oi            | i ilisti detioli.              |                  |                           |        |     |            |           |              |       |                  | 11 310     |                |                |        |                         |  |     |       |              |                |            |     |
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|                         |                                |                  |                           |        |     |            |           |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
|                         | the Qualifying<br>ted UG/PG Ma |                  | Degree                    | e Cour | se: |            |           |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
| S.No.:                  | 9                              | iemes            | ter                       |        |     | Percentage |           |              |       | Registration No. |            |                |                |        | Month & Year of Passing |  |     |       |              |                |            |     |
|                         |                                |                  |                           |        |     |            |           |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
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| Over all                | l percentage                   | <u> </u>         |                           |        |     |            |           | I_           |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
| l declare<br>regulatio  | that all the pons of the col   | particu<br>lege. | ulars fu                  |        |     |            |           |              |       |                  | l subr     | nit t          | hat I          | l will |                         |  |     | rule  |              |                |            |     |
|                         |                                |                  |                           |        |     |            | *         | Subje        | ct to | Affiliat         | on         |                |                |        |                         |  |     |       |              |                |            |     |
| Commi                   | unity                          |                  |                           |        |     |            |           | 0F           | FICE  | USE              |            |                |                |        |                         |  |     |       |              |                |            |     |
| Medium                  |                                |                  | $\frac{\perp}{\parallel}$ |        |     |            | ]         |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
| Percent                 | tage of Mark                   |                  | 10                        | 00     |     |            | _         |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
| Allotme                 | ent                            |                  | CQ                        | N      | 1Q  |            |           |              |       |                  |            |                |                |        |                         |  |     |       |              |                |            |     |
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| Admis                   | Signature of ssion Committ     |                  | mber                      |        |     |            |           |              |       |                  |            |                |                |        |                         |  | Sig | natur | re of        | the F          | rincip     | al  |