



# Indian Arts & Science College (Co-Ed)

(An Institution of Thiruvannamalai Educational & Charitable Trust)

Vellore Main Road, Naidu Mangalam (P.O.), Thiruvannamalai - 606 802.

G.O. (M.S) No. 162/H.E. Dept. Dated : 6.6.2007

AFFILIATED TO THIRUVALLUVAR UNIVERSITY

Please carefully read the prospectus before filling up the application form and use BLOCK LETTERS

## Application for Admission

NAME OF THE COURSE :

REGN. No. 2105

1. Name of the Applicant :
2. Date of Birth :
3. Sex :
4. Nationality :
5. Religion :
6. Community :
7. Mother Tongue :
8. Native Place :
9. Name of Parent / Guardian :
10. Permanent Address for Communication :
11. Present Address :
12. Parent / Guardian's Occupation and Annual Income :

Affix  
Passport  
Size Photo

### SPECIAL INFORMATION OF THE CANDIDATE

Marital Status :  
(If married Husband / Wife Details)

Physical Disability if any :

Height..... Weight ..... Blood Group .....

Extra Curricular Activities :  
(Sports / Culture / Music / Fine Arts etc)

### ACADEMIC INFORMATION

Name of the school last studied with address .....

### Higher Secondary or Equivalent Exam passed details

Sl. No.	Year	Regn. No.	Subject	Maximum Marks	Marks Obtained	Percentage of Marks
2019						
<b>Total Marks</b>						

#### Joint Declaration by Candidate & Parent / Guardian

I ..... hereby solemnly affirm that the above particulars given in the application are true and correct to the best of my knowledge. If any suppression of facts, incorrect data, false statement etc. are found at any stage later on. I hereby agree for any legal action to be taken against me by the Management of the Institution.

Signature of the Candidate

I ..... Parent / Guardian do hereby declare that all the information given above are true and correct. I undertake all responsibilities for the good conduct and character of my son / daughter during the course of his / her study and stay in the institution. I also authorise the Institution to initiate any legal action against my son / daughter for any violation of rules and regulations of the Institution.

Signature of the Parent

FOR OFFICE USE ONLY

Name :

Admission No. :

Course Allotted :

Certificates Verified :

Communal Rotation :

H.O.D

Principal