



ALADI ARUNA COLLEGE OF LIBERAL ARTS AND SCIENCE (CO-ED.)

Tirunelveli - Tenkasi Highway Sivalarkulam (Po) - 627853
Alangulam - (Tk), Tenkasi - (Dt)

Mail: aladiarunaliberalarts@gmail.com, www.aaclibartandscience.com
Contact Number : 9585713337, 7373787337

Please affix
recent passport
size photo

APPLICATION FOR ADMISSION

Course you wish to apply for

Application no :

B.A (English) B.Com B. Com (Hons) B.Sc. (Psychology) B.Sc. (Computer Science)

1. Name (As per XII School record):

2. Date of Birth & Age :

Gender :

3. Religion :

Nationality :

4. Community :

Caste :

5. Marital Status :

6. Aadhar Card Details :

EMIS No :

7. Father's Name :

Mother's Name :

8. Address of the Parents

PERMANENT ADDRESS		COMMUNICATION ADDRESS	
D/No:		D/No:	
Street:		Street:	
Village:		Village:	
Taluk:		Taluk:	
District:		District:	
Pin Code:		Pin Code:	
Telephone No:		Telephone No:	
E-Mail ID:		E-Mail ID:	

9. Academic Record

Level	Subjects	Marks	Percentage	Medium of Instruction & year of passing	Name of Institution & Address
CLASS X High School	Language (Tamil)				
	English				
	Maths				
	Science				
	Social Studies				
	Total				

Level	Subjects	Marks	Percentage	Medium of Instruction & year of passing	Name of Institution & Address
CLASS XI					
	Total				

Level	Subjects	Marks	Percentage	Medium of Instruction & year of passing	Name of Institution & Address
CLASS XII					
	Total				
	Cut-off				

10. Extra Curricular Activities, Hobbies (Sports, Literary, Cultural, Etc)

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11. Languages Known:

Language	Speak	Read	Write

12. Family Details : (Father, Mother, Brothers & Sisters)

Family members with Relationships	Age	Educational Qualification	Occupation	Income (p/a)	Residence Address

13. Undertaking

I hereby declare the above particulars are true and accurate to the best of my knowledge. I will abide by the rules and regulations of the college.

Signature of the parent

Signature of the Applicant

14. Certificates Enclosed (Attested) :

- (Xerox copies only) (1) Transfer Certificate (Original)
(2) Educational Qualification (X, XI, XII Mark Sheet)
(3) Community Certificate (For SC/ST, BC & MBC only)
(4) Aadhar Card

Office Use

Fee receipt No. :

Remarks :

Staff in-charge : _____

- X Mark Sheet
 XI Sheet
 XII Sheet
 Transfer Certificate
 Community Certificate
 Medical Fitness

College Seal

Signature of the Principal