

Application No	
Admission No	

## SARASWATHI COLLEGE OF ARTS AND SCIENCE

Vilappil, Trivandrum - 695573 (Affiliated to University of kerala)

(A College Run By Ananthapuri Educational Society)

Phone: 0471-2288838, 2360601 / 9847047595, 9744147595, 9846236998

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## Application Form for Admission to PG Course under Management Quota

Course for which admission is sought	MA ENGLISH		
1. Name of the Applicant (in Block Letters)			
2. Age and Date of Birth	Male / Female		
3. a. Permanent Address			
b. Address to which Communications are to be sent			
	Land line (with STD Code)		
	Mobile Number		
4. Telephone Numbers	Father's Name & Contact No		
	Mother's Name & Contact No.		
	Student's Contact No.		
<ol><li>Name, Occupation and Annual income of Parent / Guardian</li></ol>			
6. Religion and Caste			
7. Do you belong to (Mark the relevant box) (Attested Copies of certificate to be attached)	SC ST OBC OEC		
8. If you are non-keralite, specify mother tongue			

<ol><li>a) Proficiency in Sports</li></ol>	/ Arts/ Games				
(i) NCC/NSS/Social Se Relevant Certificate	ervice League (Attested copies of s to be attached)				
10. Details of Degree qu	, ,				
Examination (Enclose) /Marklist/Certificate)	se attested copy of Grade sheet				
a. Examination					
b. Institution w	here the candidate studied				
c. University to	c. University to which the Institution is affiliated				
d. Period of stu	udy				
e. Year of passing with Reg. No.					
11. Details of University onl No. & Date	ine Registration No. with Chalan				
	Statement of Grade				
	Subject	Obtained CGPA	Credits		
Part I Language Course					
Part II Additional Language Course					
Part III Core					
Part III Complementary 1.					
2.					
	Final CGPA(S)/CCPA(S)				
	DECLARATION				
1	State that the	e details given above ar	e true and		
	knowledge and belief. I have read				
regulations of the college and promise to abide by them.					
Place :					
Date :	Date : Signature of the Applicant				
I Solemnly declare that all facts mentioned above in the application for admission of					
my son / daughter are true to the best of my knowledge and belief.					
	e will abide by the rules and regular	tions of the college			
Place :		o'	O!'		
Date :		Signature of Parent /	Guardian		
		Name			
For Office purpose only					
Date of receipt of Application	Date of Admission	Admission No			
Fees Paid `	Receipt No	Date	********		