

NIVERSA COLLEGE OF ARTS & SCIENCE

Affiliated to University of Calicut

(Run By The Mannarkkad Co-operative Educational Society, Ltd. No. P. 906)

PERIMBADARI P.O., MANNARKKAD, PALAKKAD DT.

PHONE: 04924 296607, 8547882612

 $\label{lem:comparison} E-mail: universal college mkd@gmail.com, \ www.universal college mannark kad. in$

APPLICATION FOR UG PROGRAMME (MANAGEMENT)

Photograph

	,							
1.	CAP ID							
	UG Programme to which admission is sought							
	a) Name in full (in block letters)							
٥.								
	b) Expansion of Initial							
	c) Sex Male Female							
4.	a) Place of Birth b)Age and Date of Birth c)Blood Group							
5.	a) Religion & Caste 6.Mother Tongue 7.Marital Status							
8.	Aadhar No.							
9.	Year and month of passing the qualifying Examination with Reg. No							
10.	o. a) Institution last attended and year							
	b) No. of chance taken to pass qualifying Examination————————————————————————————————————							
	d) Identification Marks 1.							
	2							
11	Marks secured at the Qualifying Evamination:							

Sl. No.	Subjects	Grand Total			l	Grade	Grade
31. 140.		CE	PE	TE	Total	Grade Obtained	Grade in Words
	TOTAL						

12.	Address to which communication are to be sent									
	Tel. No.	Mobile:	Email:							
13.	Parents / Guardians Name Address									
	Tel. No.	Mobile:	Email:							
	Occupation									
14.	Language selected ur	nder Part II								
15.	Details regarding the	Details regarding the extra curricular activities participated in the school level								
		DECLARATIO	<u>NS</u>							
			hereby undertake, on being admitted, to							
abide			at I will do nothing either inside or outside the							
	ution.	actions of the conege and the	at 1 will do nothing entire molde of outside the							
			Signature of the Candidate							
	If my Son/Daughter		is							
admi	tted in the College. I		undertake to see to							
			de the college. I undertake to pay all fees and							
liabil	ities to the College as an	d when due. I also promise to	enquire about the progress of his/her academic							
	ormance.	·								
Place										
Date	:		Signature of the Parent / Guardian							
		RECOMMENDA	TION							
Reco	mmended by :	Name and Signature:								
		(Member, Board of D	irector)							
		FOR OFFICE USE	ONLY							
Reco	mmendation of the									
Selec	tion Committee	:								
	r of the Principal	:								
	of Admission	:								
Fee P		:								
Admi	ission No.	:	PRINCIPAL							