



Avinashilingam Institute for Home Science and Higher Education for Women

(Deemed to be University under Category A by MHRD, Estd. u/s 3 of UGC Act 1956)
Re-accredited with A+ Grade by NAAC. Recognised by UGC Under Section 12 B
Coimbatore - 641 043, Tamil Nadu, India

Application for Admission to MBA 2019 - 2020

Note : Application should be filled in completely. Incomplete application will be rejected.

LAST DATE FOR RECEIPT OF FILLED IN APPLICATION FORM IS : 10.04.2019*

OFFICE USE ONLY		To be filled in by the candidate			
Reg. No.	Date	(Please Tick)			
Fee Rt. No.	Date	UG - I Class <input type="checkbox"/>	II Class <input type="checkbox"/>	III Class <input type="checkbox"/>	
		SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	OC <input type="checkbox"/>
1. a. Name of the Applicant in full in English (BLOCK LETTERS) as in X Std Certificate :		Affix Passport Size Photograph taken within a period of 3 months prior to submission of application Two more to be submitted at the time of admission			
b. Aadhaar No. : <input type="text"/>					
2. a. Age and Date of birth in Christian Era :					
b. Sex : Female <input type="checkbox"/> TG <input type="checkbox"/>					
3. Nationality : Indian <input type="checkbox"/> Others (Please specify)					
Jammu & Kashmir Supernumerary Quota <input type="checkbox"/>					
4. Religion :					
5. Indicate whether you belong to SC/ ST/OBC/OC (✓) with caste (If belonging to SC/ST an attested xerox copy of Community Certificate should be enclosed, In case of OBC, recent certificate as per Government of India norms to be produced)		SC	ST	OBC	OC
		Caste :			
6. Details regarding Parent / Guardian		Father	Mother	Guardian	
Father, Mother / Guardian's Name :					
Occupation / Designation :					
Annual Income :					
Mobile No. :					
7. Address to which communications are to be sent :					
Email :		Pincode No. <input type="text"/>			
8. A. Are you Physically challenged? : Yes / No					
B. If yes, the Nature of challenge :					
a) Blind (or) b) Deaf / Dumb (or) c) Ortho :					
C. If so, attach a copy of Medical Certificate in support of the above					
9. Qualifying Degree	Institution	College Studied	Register No.	Month and Year of last appearance	
10. Details of P.G. programmes already undergone		College / Institution	Course		

* Any change in the last date for receipt of filled in application form will be notified in the Institution website

11. **Educational Particulars** (Strike out which is not applicable. Specify name of subject wherever needed)

Name of the Examination passed	Register Number	Month & Year of passing	Class	Marks/ Grades	Maximum marks	No. of attempts
S.S.L.C.						
Higher Secondary / Pre-Degree						
B.A. / B.Sc. / B.Com./ Others						
Part I - Language						
Part II - English / Alternate Subject						
Part III - Main Subjects						

Ancillary I

Ancillary II

Any other Subject offered

TOTAL MARKS FOR PART III (%)

(Attestation by a Gazetted Officer)

Designation and Office Seal

Signature

12. Particulars of Common Entrance Test Tick the Exams Applicable and give details	Register Number	Month & Year of passing	Marks/Grades obtained					
<table border="1"> <tr> <td>CMAT</td> <td>MAT</td> <td>CAT</td> <td>TANCET</td> <td>OTHERS</td> </tr> </table>	CMAT	MAT	CAT	TANCET	OTHERS			
CMAT	MAT	CAT	TANCET	OTHERS				
1.								
2.								

(Attested copies of the Degree Mark Sheets and Entrance Exam Scores should be enclosed)

13. **Employment details (chronological order) if candidate is employed**

Name of the Organisation/ Institution	Designation	Nature of Job	From	To	Total years of experience as on 1 st , January 2019

14. Is hostel accommodation required? Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Languages known	Read	Write	Speak

16. **Extra curricular activities :**

M.L.P. N.S.S. N.C.C. Planning Forum Sports Any Other

If sports (Level of participation) : _____

17. If you are sponsored by any Organisation, give details.

18. Any other P.G. Programmes you have applied in this Institution now

19. Mother, Sister, Aunt or other relative who had studied in this Institution previously (Give details)

I declare that the particulars given above are correct. I have studied the rules specified in the Institution Prospectus and I agree to abide by the conditions specified therein, if selected.

I also declare that correct marks are furnished by me in the application form and I agree to abide by the conditions that if, after proper scrutiny of my marks, it is found that the marks furnished by me in the application form are not correct (i) I will forfeit the admission, no matter at what stage of the course I will be in at that time (ii) I may be debarred from pursuing the studies for a period of three years and (iii) legal action may be initiated against me for furnishing wrong marks.

I am aware of the law of ragging and agree to abide by the punishment meted out on me in case I am found guilty of ragging.

Station :

Date :

Signature of the Applicant

Signature of the Parent / Guardian

Application and all correspondence should be addressed to
The Registrar, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore - 641 043
Please do not submit Original Certificates with this application form