



# 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 Postgraduate Aided Programmes 2019 - 2020 M.A. / M.Sc. / MSW / M.C.A.

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

OFFICE USE ONLY		Please tick(✓)			
Reg. No. ....	Date .....	B.A. <input type="checkbox"/>	B.Sc. <input type="checkbox"/>	B.Com. <input type="checkbox"/>	Others <input type="checkbox"/>
Fee Rt. No. ....	Date .....	I Class <input type="checkbox"/>	II Class <input type="checkbox"/>	III Class <input type="checkbox"/>	
		OC <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
Name of the course applied for :		Affix Passport Size Photograph taken within a period of 3 months prior to submission of application			
1. a. Name of the Applicant in full in English (BLOCK LETTERS) as in the X std Mark list / TC :					
b. Aadhaar Number					
2. a. Age and Date of birth in Christian Era : (as in the X std Mark list / TC)					
b. Sex : Female <input type="checkbox"/> TG <input type="checkbox"/>					
3. Place of birth	Village / Town	District	State		
4. a) Nationality		b) Religion		c) Mother Tongue	
d) Jammu & Kashmir Supernumerary Quota		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
e) Indicate whether you belong to OC/OBC/SC/ ST (✓) with caste If belonging to OBC/SC/ST, an attested xerox copy of Community Certificate should be enclosed, <b>(In case of OBC, recent certificate as per Government of India norms to be produced)</b>		OC	OBC	SC	ST
		Caste :			
5. Details regarding Parent / Guardian		Father	Mother	Guardian	
Father, Mother / Guardian's Name					
Occupation / Designation					
Annual Income					
Phone No.					
6. Address to which communications are to be sent :					
		Pincode No. <input type="text"/>			
7. A. Are you Physically challenged? : Yes / No					
B. If yes, the Nature of challenge :					
i) Blind (or) ii) Deaf / Dumb (or) iii) Ortho :					
C. If so, attach a copy of Medical Certificate in support of the above					
8. Qualifying Degree	University	Name of the College, Place & State last studied		Register No.	Month and Year of last appearance

\* Separate application forms must be used for each of the programmes

Name :

Date :

Community :

Application No. :

Major Applied :

Registration No. :

Registration amount ₹50 :

