



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 2020 - 2021 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"/> c. Blood group <input type="text"/>		

3. Place of birth	Village / Town	District	State
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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, Certificate number & issued date (In case of OBC, recent certificate as per Government of India norms to be produced)	OC	OBC	SC	ST
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caste :				

5. Details regarding Parent / Guardian	Father	Mother	Guardian
Father, Mother / Guardian's Name Occupation / Designation Annual income Mobile No.			

6. Address to which communications are to be sent : _____

Pincode No. :

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 Degree programmes

Name : _____ Date : _____

Community : _____ Application No. : _____

Major Applied : _____ Registration No. : _____

Registration amount ₹ 50 : _____

9. **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

10. Details of P.G. programmes already undergone	College / University	Course
11. Is hostel accommodation required? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Languages known	Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/>

13. **Extra curricular activities :**

Name of the Scheme	N.S.S. <input type="checkbox"/>	Planning Forum <input type="checkbox"/>	Community Social Service <input type="checkbox"/>
	N.C.C. <input type="checkbox"/>	Association/Clubs <input type="checkbox"/>	
Sports : International <input type="checkbox"/>	National <input type="checkbox"/>	State <input type="checkbox"/>	District <input type="checkbox"/>
(Enclose Photocopies of all sports certificates)			Divisional <input type="checkbox"/>
			Any Other <input type="checkbox"/>

14. If you are sponsored by any Welfare Organisation, Industry or any other Organisation, give details.

15. Other M.Sc. courses you have applied in this Institution now

- 1.
- 2.
- 3.

	Name	Relationship	Year of Study	Course	Present Address
16. Mother, Sister, Aunt or other relative who had studied in this Institution previously					

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.

Also, I 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.