



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 Undergraduate Self-financed Programmes 2020-2021 B.A. / B.Sc. / BCA / B.Com-CA / B.Com. / B.Com. PA

Application should be filled completely. Incomplete application will be rejected.

Course applied for		Please tick(✓) Higher Secondary / Pre-Degree Marks %			
Office use only Reg. No. Date Fee Rt. No. Date		<50 % <input type="checkbox"/>	51-60 % <input type="checkbox"/>	61-70 % <input type="checkbox"/>	
		71-80 % <input type="checkbox"/>	81-90 % <input type="checkbox"/>	>90% <input type="checkbox"/>	
		OC <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
1. a. Name of Applicant in Block Letters, as in Higher Secondary / Pre-Degree Certificate b. Aadhaar Number					Affix Passport Size Photograph taken within a period of 3 months prior to submission of application
2. a. Full Name including expansion of initials in Block Letters b. Sex : Female <input type="checkbox"/> TG <input type="checkbox"/> c. Blood group <input type="text"/>					
3. Age and Date of birth in Christian Era (as in the X std Mark list / TC)					
4. Place of birth Village / Town District State					
5. 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 (3) 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
6. a) Are you Physically challenged? b) If yes, the Nature of challenge : i) Blind (or) ii) Deaf / Dumb (or) iii) Ortho c) Attach a copy of Medical Certificate in support of the above		Yes / No			
7. Details regarding Parent / Guardian Father, Mother / Guardian's Name Occupation / Designation Annual income Mobile No.		Father	Mother	Guardian	
8. Address to which communications are to be sent		Pincode No. : <input type="text"/>			
9. Qualifying Exam	Register No.	Board	Name, Place and State of school last studied		Percentage of marks
Higher Secondary / Predegree / other equivalent					

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

Name : Date :
Community : Application No. :
Major Applied : Registration No. :
Registration amount ` 50 :

**MARKS / GRADES OBTAINED IN
HIGHER SECONDARY / PRE-DEGREE EXAMINATION / EQUIVALENT QUALIFYING EXAMINATION**

Part I Language	Part II English	Part III Name of Subjects				Marks		Percentage	
Maximum ()						Overall	in Part III	Overall	in Part III
No. of attempts for passing									

10. Details of extra curricular activities in the Higher Secondary or Pre-Degree Course :
(Please tick) ✓
(Enclose Photocopies of all sports certificates)

NCC Red Cross Others Specify
NSS Girl Guides
Sports : International National Inter University
State Divisional District Others Specify

11. Do you need Hostel accommodation?
Yes No

12. Local Guardian or Reference with Address & Phone No.

	Name	Relationship	Year of Study	Course	Present Address
13. 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.

Date :

Signature of the Applicant

Signature of the Parent / Guardian

NOTE

**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.