



Avinashilingam

Institute for Home Science and Higher Education for Women

University

(Estd. u/s 3 of UGC Act 1956)

Coimbatore - 641 043, Tamil Nadu, India

(Deemed to be University under Category 'A' by MHRD)

Re-accredited with **ĀA** Grade by NAAC

Recognised by UGC Under Section 12 B

Affix Passport Size
Photograph taken
within a period of
3 months prior to
submission of
application

APPLICATION FOR ADMISSION TO M.Phil. DEGREE PROGRAMME

OFFICE USE ONLY		Please tick(✓)				
Reg. No.	Date	M.A <input type="checkbox"/>	M.Sc. <input type="checkbox"/>	M.Ed. <input type="checkbox"/>	Other PG programmes <input type="checkbox"/>	
Fee Rt. No.	Date	(Please specify)				
		I Class 80 - 100% <input type="checkbox"/>	60 - 80 % <input type="checkbox"/>	II Class 55 - 60% <input type="checkbox"/>		
		SC <input type="checkbox"/>	ST <input type="checkbox"/>	MBC <input type="checkbox"/>	OBC/BC <input type="checkbox"/>	OC <input type="checkbox"/>
1. a. Name of the Applicant (in Capital Letters) in English and Tamil as in Degree Certificate :						
b. Aadhaar Number :						
2. Date of birth (in words) :		Age :				
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				
5. Indicate whether you belong to Scheduled Caste / Scheduled Tribe / Most Backward Class / Backward Class / Others with caste. (Copy of Community Certificate should be enclosed) (Tick)		Enclosed / Not Enclosed				
a) Jammu & Kashmir Supernumerary Quota Yes <input type="checkbox"/> No <input type="checkbox"/>						
6. Details regarding Parent / Guardian		Father	Mother	Guardian		
Father, Mother / Guardian's Name						
Occupation / Designation						
Annual Income						
Phone No.						
7. Address to which communications are to be sent :		Pincode No. <input type="text"/>				
8. A. Are you Physically Challenged? : Yes / No						
B. If yes, the Nature of Challenge :						
a) Blind b) Deaf / Dumb c) Ortho :						
C. If so, attach a true copy of Medical Certificate in support of the above						
9. Admission sought for						
(i) Faculty						
(ii) Department						
(iii) Area of specialisation proposed						
10. Qualifying Degree with major subject/s	University	College studied	Register No.	Month & year of passing	Regular mode / Distance mode	

11. Educational Particulars :

Examination passed	Reg.No.	Month & Year of Passing	Class	Marks/ Grade	Maximum marks	% of marks in part III/ Major subject	No. of attempt(s)
1. PUC / Higher Secondary							
2. Bachelor's Degree							
3. Master's Degree							

(Attested copies to be enclosed)

12. Scholarships received

13. Extra curricular activities

14. Do you need hostel accommodation? Yes No

	Designation	From	To	Institutions
15. Details of ----- service, if any Teaching Other				

16. Any other details

Station

Signature of the Applicant

Date

** Signature of the Head of the Department / Institution*

Application should be filled in by candidate's own handwriting. Defective application will be rejected.

Application for admission should be sent to the Registrar, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore - 641 043.

RULES REGARDING ADMISSION FOR M.PHIL. PROGRAMME

Minimum qualification for admission to:-

M.Phil. : Master's Degree in the respective subject of this University or of any other University recognised by the Board of Management as equivalent thereto with not less than 55% marks or B + Grade.

Selected

Date

Head of the Department

Dean

Registrar