



## P.K.N. ARTS & SCIENCE COLLEGE

(A Self-financing Co-educational Institution Affiliated to Madurai Kamaraj University)  
P.O.Box. No.28, P.K.N. Nagar, Vidathakulam Road, Tirumangalam - 625 706  
MADURAI DISTRICT. Phone : 70944 69916  
Website : [www.pkncollege.edu.in](http://www.pkncollege.edu.in) e-mail : [info@pkncollege.edu.in](mailto:info@pkncollege.edu.in)

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Passport Size  
Photograph

### APPLICATION FORM FOR ADMISSION TO POST GRADUATE AND DIPLOMA IN POST GRADUATE COURSE

NAME OF THE COURSE	ONLINE APPLICATION
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1.	NAME																		
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2.	Date of Birth						3.	Age	..... Years	..... Months	4.	Sex	M	F
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5.	Nationality					6.	Religion						
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7.	Community	SC / ST	MBC / DNC	BC	OC		8.	Caste					
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9.	Father's Name							Occupation	Annual Income
	Mother's Name								
	Guardian (state relationship)								

10.	Address for Communication	Phone / Contact :	STD :
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11.	i) Are you physically Handicapped?	YES / NO	
	ii) If yes, furnish xerox copy of the certificate obtained from authorised Medical officer together with a Photograph		
12.	i) Are you a Son/Daughter of Ex-Service man of TamilNadu	YES / NO	
	ii) If yes, Produce a Xerox copy of the evience		
13.	i) Distinction in Sports / NCC / NSS	YES / NO	
	ii) If yes, Produce xerox copy of the certificate pertaining to College / University / State level participation		
14.	Does the Applicant need Hostel Accomodation	YES / NO	
15.	Name and place of the College previously Studied		
16.	Name of the University		
17.	Name of the Qualifying degree	MAJOR	ANCILLARIES
		MEDIUM	
18.	Register Number :	Month and year of Passing :	
19.	State whether Semester or Non - Semester :		

**PARTICULARS OF MARKS**

SUBJECT	Marks Obtained	Maximum Marks	Percentage of Marks	Class Obtained
Part - I Language / Alternative Subject				
Part - II English				
( B.A / B.Sc. )  PART - III Major : Ancillary - I : Ancillary - II : (Mention the name of the Major & Ancillary Subject )				
<b>Total Marks in Major &amp; Ancillaries</b>				
( B.Com / B.B.A ) PART - III Group - A : Group - B : Group - C :				
<b>Total Marks in Group B &amp; C</b>				
Any Other Degree				
Lecturer who verified the documents    Signature : Name : Attested ———— → signature ———— → Designation				

**DECLARATION**

I declare that the particulars given above are correct and that I agree to abide by the rules and regulations of the college and to take part in curricular and co - curricular activities of the College. I assure not to take part in political and unlawful activities both inside and outside the college. I shall not claim any refund of fees paid to the college and shall pay the semester fees due if my ward chooses to leave the institution at any time.

Signature of the Applicant.

I agree to abide by the rules and regulations of the college. I shall not claim any refund of fees paid to the college and shall pay the semester fees due, if my ward chooses to leave the institution at any time.

Place : Signature of the Parent / Guardian

Date :

Note : 1. All the columns in this application should necessarily be filled in.  
2. Application which is defective in particulars will be rejected.

<b>To be filled in by the Office</b>  Course : Admission No : Roll No :  <b>30% Concession in tuition fees</b> a) Eligible - YES / NO b) Mention the Category - c) Certificates Submitted - YES / NO d) Lecturer who verified the document : Signature : Date :	Payment of fees	Amount Paid	Receipt No.	Date	
		Application Registration fee			
		Tuition and Special fee			
Order of the Principal  Signature : Date :					