

Sri Vinayaga College of Education



Ulundurpet,kallakurichi Dt-606107
E.mail :admissions@srivinayagabed.in
Mobile no:7092255926, 8015286966
Web : www.srivinayagabed.in

Application No:

Adm No :

Date :

1 Name of the Applicant
(In full as given in the SSLC Mark Sheet/TC /Birth Certificate)

2 Date of Birth

Day

Month

Year

3 Sex

Male

Female

4 Blood Group

5 Nationality

State

6 Religion

Caste

7 Mother Tongue

8 Address for communication

Pin

9 Contact Number

/

10 EMIS Number

11 Aadhaar Number

12 Name of the Father

Occupation

Qualification

13 Mother

Occupation

Qualification

14 Annual Income

15 Whether the student is living with parent or Guardian

(If Guardian please specify name)

16 whether the last examination
passed or not

--	--	--	--	--	--	--	--

17 Class in which admission sought for

Tamil			English	

18 Medium of the student last studied

19 College Transport Facilities is required (Distance From College)

Yes		No		Distance		KM	
-----	--	----	--	----------	--	----	--

22 Second Language

Tamil			Others	
-------	--	--	--------	--

23 If Physically challenged please specify

[illegible]

24 Personal Identification Marks

[illegible]

Declaration

I declare that the particulars given above are correct to the best of

**Signature of the Parent /
Guardian**

Signature of the Student

For Office Use Only

Admitted In :			Group :					
---------------	--	--	---------	--	--	--	--	--

[illegible]

<div><div>College Seal</div><div>Signature of the Principal</div></div>

<div><div>College Seal</div><div>Signature of the Principal</div></div>

[illegible]