

Application Form issued to :

Application No : 500

Registration No :

E. M. GOPALAKRISHNA KONE YADAVA WOMEN'S COLLEGE



'Kalloori Thanthai' Thiru E. M. G. Soundararajan Campus
(Autonomous - F Re-accredited (3rd Cycle) with Grade A⁺ and CGPA 3.51 by NAAC
MADURAI - 625 014.

(SELF-FINANCING)

APPLICATION FORM FOR ADMISSION TO

M.Sc. Mathematics / M.Sc. I.T / M.A., English / M.Com., with CA

P.G.D.C.A / M.Sc., Physics / M.A., Tamil / M.A., History /

M.Phil Mathematics / M.Phil Commerce / M.Phil Tamil / M.Phil History

20 - 20

Roll No.	Admission No.

MAJOR	
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1. Name	Passport Size Photograph to be affixed here (Taken within a period of 3 months)
2. Sex : Female Transgender	
3. Date of Birth	
4. Community	
5. Caste	
6. Nationality /Religion	
7. Name of Parent/Guardian (State Relationship)	
8. Occupation and Income of Parent or Guardian	
9. If Physically Handicapped, specify	
10. Are you a Daughter of Ex-Serviceman of Tamilnadu origin	
11. Are you of Tamil origin from Andaman Nicobar Island?	
12. Distinction in Sports / NCC / NSS	
13. Does the applicant need Hostel accomodation / College Bus	

14. Postal Address for Communication :	
Phone :	
Cell :	
e-mail :	
	Pin Code :

14 (a). Aadhaar Card Number :

(P.T.O.)

DETAILS OF MARKS OBTAINED IN U.G / P.G DEGREE EXAMINATIONS :

Name of the Degree with Subject :

Register Number :

Name of the University :

Semester / Non-Semester :

Name of the Institution :

Subject	Marks obtained	Maximum Marks	Month & Year of passing	Class	Percentage
* Part I : Tamil					
* Part II : English					
Part III Major Ancillary I Ancillary II					
Total Marks in Part III					

** Not Applicable for M.Phil Applicants.*

*I declare that all the particulars furnished above are true and correct.
I submit that I will abide by the rules and regulations of the college*

Note : No Enclosures need be sent along with application

Place :

Date :

Signature of the Parent / Guardian

Signature of the Applicant

FOR OFFICE USE ONLY

Certificates verified

UG / PG Degree Marks	
Community	
Transfer Certificate	
Conduct Certificate	
Special Category	
Medical Certificate	
Full signature of staff who processed the Application	
Full signature of the Head of the Department	

Admitted in

Principal