



M.Com Finance & Taxation / M.Sc Microbiology Programme

Application form No: _____

ST. XAVIER'S COLLEGE FOR WOMEN
 Aluva - 683101, Kerala, India Tel: 0484-2623240 Fax: 0484-2628840
 mail: college@stxaviersaluva.com Web: www.stxaviersaluva.ac.in

Personal details (to be filled in capital letters)

Name

Date of Birth Place of Birth

Nationality Sex Whether Married (Yes/No)

Religion Caste/ Community

Whether belonging to SC ST OEC OBC Gen

Write Yes/ No

Whether belonging to LC Which State you belong to

Write Yes/ No

If Yes, mention Diocese

Place of Residence

Panchayat/ Municipal Town/ Corporation Taluk District

Name of Parent/ Guardian

Occupation Annual Income Rs.

PERMANENT ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS FOR COMMUNICATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pincode

Pincode

Phone

Phone

Mobile

Mobile

E-mail

CO-CURRICULAR ACTIVITIES

Approved Record in Sports/ Games/ Youth Festival					Dependents of Servicemen/ Ex- Servicemen		
NCC	B Certificate	C Certificate	NSS		Phy. Handicapped		

Attach self attested copies of Grade Card

DETAILS OF QUALIFYING EXAMINATION

Statement of Marks Obtained Qualifying Examination :

University Reg.No.: (Mandatory) :

U G Reg. No:

Year & Month:

Total No. of Appearance :

Course last attended Institution University:-(Mandatory

	Subjects	Marks at Public Examination	Maximum Marks
		Marks awarded	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
	Grand Total Marks		

Do you require admission in the hostel :-

Correctly Write (Mandatory)

Office use only

Paid Uty Fee:

Name and address of local guardian :-

Date of payment:

DD No:

The above information is true to the best of my knowledge and I shall abide by the rules and regulations of the College currently prevailing/ which may be amended from time to time.

Date

Signature of Applicant

Signature of Parent/ Guardian

Subjects to which admitted

Class No

Admission No

TO BE FILLED BY THE OFFICE

Open merit / Reservation	
Community	
Management	

PRINCIPAL