



SUCCESS EDUCATIONAL TRUST

சகஸ்ஸஸ் இலவச கல்வி ஆலோசனை மையம்

APPLICATION FORM

- ENGINEERING ARCHITECTURE MEDICAL LAW
 MANAGEMENT ARTS & SCIENCE DIPLOMA

COURSE AND BRANCH : _____

1. Name of the Candidate : _____
(As mentioned in the Qualifying Examination Certificate)

2. Date of Birth :

3. Gender : Male Female

4. Blood Group : _____

5. Religion : _____

6. Nationality : Indian NRI Persons of Indian Origin Foreign National

7. Community : OC BC MBC SC/ ST _____

8. Mother Tongue : _____

9. Student's Aadhaar Number : _____

10. Student's email Id : _____

11. Name of the Father : _____

12. Father's Occupation : _____

13. Name of the Mother : _____

14. Mother's Occupation : _____

15. Aadhaar Card Details : Father _____
Mother _____

16. Address for Communication : _____

Permanent Address

Present Address

PIN CODE:

PIN CODE:

Father's Mobile No.: _____

Mother's Mobile No.: _____

17. Hostel Accommodation : Required Not Required

18. Details of Qualifying Examination:

Qualifying Exam Passed / Appeared	Name of the Board	Registration Number	Month & Year of Passed / Appeared	Medium of Instruction

19. Marks obtained in the Qualifying Examination:

(For HSC / Equivalent Examination) Please enclose a Photocopy of Mark Sheets

S.No.	Subject	Maximum Marks including Practicals	Marks / Grade Obtained
1			
2			
3			
4			
5			
6			
7			
8			
	TOTAL		

20. Percentage of Marks (Maths, Physics and Chemistry):

21. Total Percentage of Marks:

Details of Documents Collected:

- 10th Mark sheet Yes No
- 12th Mark Sheet Yes No
- TC Yes No
- Community Certificate Yes No
- Income Certificate Yes No
- Nativity Certificate Yes No
- Photos Yes No

DECLARATION

- I assure that the information given in this application and submitted documents are complete in all respects and accurate to the best of my knowledge. I understand that submission of an inaccurate and false information may be a sufficient cause for denial of admission or termination of enrolment. Fees once paid will not be re – funded.

Signature of the Student

Signature of the Parent / Guardian

Date: