



Reg. No.

Application No.

PILATHARA CO-OPERATIVE ARTS & SCIENCE COLLEGE

(Approved by Govt. of Kerala, Affiliated to Kannur University)

A unit of Co-operative Institute of Educational Paramedical & Technology Ltd. Madayi No.C.1740
Pilathara, Nareekamvally (PO), Kannur-670 504, Ph: 0497-2801001, 9895922910**APPLICATION FOR BA / BCom / B.B.A / BBA-TTM / B.Sc. / B.C.A / BMMC DEGREE COURSES**

I CHOICE :

II CHOICE :

III CHOICE :

1.	Name of the Applicant (In Block Letters as per the SSLC Book)	ENGLISH				
		മലയാളം				
2.	Age :	3.	Date of Birth	Figures		
				Words		
4.	Religion:			5.	Caste :	
6.	Gender			Male	Female	Transgender
7.	Address to which communication are to be sent	a.	House Name			
b.		Place	i.			
			ii.			
c.		Post office				
d.		District				
e.		Pin code				
8.	Telephone with Code	Land :		Mobile :		
9.	Mother Tongue :			10.	Nationality	
11.	Whether native of Kannur District			Yes		No
12.	Do you belong to			SC	ST	OBC
				OEC	GEN.	
13.	Are you dependent on Ex-Serviceman			Yes		No
14.	Details of			NSS	NCC	SPORTS
				ARTS	OTHER	
15.	Whether Physically handicapped			Yes		No
16.	Name of School/College from you passed the qualifying Examination					
17.	Did you discontinue your studies? If YES Give reason			Yes		No
18.	Second Language for degree Course under Part II			Hindi		Malayalam
19.	Name and address of Parent or Guardian and the relationship with the student	a.	Name			
b.		House Name				
c.		Place	i.			
			ii.			
d.		Post Office				
e.		District				
f.		Pin code				
g.		Occupation				
h.		Annual Income				
i.		Telephone with Code				
j.	Relationship with the Student					
20.	a. Name of Father					
	b. Name of Mother					

21. DETAILS OF QUALIFYING EXAMINATION

1.	Name of the Examination	
2.	Register Number	
3.	Month & Year of Examination	
4.	Name of Board / University	
5.	No.of chances	

22. DETAILS OF MARKS OBTAINED IN QUALIFYING EXAMINATION

SUBJECTS	MARKS AWARDED	MAXIMUM MARKS	GRADE
Part I ENGLISH			
Part II SECOND LANGUAGE			
Partt III OPTIONALS			
1			
2			
3			
4			
5			
TOTAL			

❖ Attest copies of Relevant Certificate to be attached

DECLARATION

I declare that all informations furnished above are true to the best of my knowledge and belief. I also declare that I shall abide by the rules and regulations of this institution.

Place :
Date :

Name & Signature of
Parent / Guardian

Name & Signature of
Applicant

FOR OFFICE USE ONLY

1. Marks Checked by :
2. Date of Admission :
3. Class to which admitted :

Signature of Principal