



AMRITA
VISHWA VIDYAPEETHAM

School of
Arts & Sciences

KOCHI CAMPUS

Application Form Number

WBFA

AMRITA SCHOOL OF ARTS AND SCIENCES

BRAHMASTHANAM, EDAPPALLY NORTH P.O., KOCHI – 682 024, KERALA, INDIA.

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APPLICATION FORM FOR ADMISSION (2018) TO UNDER - GRADUATE PROGRAMME

BACHELOR OF FINE ARTS [B.F.A.]

4 Years (8 Semesters) (Offered for BOYS and GIRLS)

Specialisations (Put Tick Mark (✓) whichever is applicable)

Specialising in Painting

Specialising in Photography

[Please read the "INSTRUCTIONS TO CANDIDATES" and "FAQ" before filling this Application Form. All entries to be made in **BLOCK LETTERS**. Fill in all the details **IN CANDIDATES OWN HANDWRITING**. **INCOMPLETE APPLICATION FORM is liable for rejection**. Enclose **ONLY** self – attested photocopies of Marklists.]

1. Name of the Applicant **as given in the S.S.L.C. Book** (leave blank space between first name and initials)

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2. Date of birth : (Date) _____ (Month) _____ (Year) _____ Completed Age: _____

3. Gender:(Male / Female) _____ Blood Group: _____

4. Place of Birth: _____
District: _____ State: _____

5. Religion: _____ Caste: _____ Community (SC/ST/OBC/OEC/Gen/Others) _____

6. Mother Tongue: _____ 7. Nationality: _____

Affix recent
Passport size
photograph

- 8 (a). Address for Communication: _____

Post Office: _____

District: _____ State: _____ Pin Code: _____

Phone No. (with STD Code): _____ E-mail: _____

Father's Mobile Number: _____ Mother's Mobile Number: _____

Father's E-mail ID: _____ Mother's E-mail ID: _____

- 8 (b). Permanent Address: _____

Post Office: _____

District: _____ State: _____ Pin Code: _____

Phone No. (with STD Code): _____ E-mail: _____

Alternate contact Phone (Mobile and Landline with STD Code)
with the name of the person and relationship with the student: _____

9 (a). Father's Name: _____
 Occupation (specify) _____ Annual Income _____
 Office Address with Phone No. (if any) _____

9 (b). Mother's Name: _____
 Occupation (specify) _____ Annual Income _____
 Office Address with Phone No. (if any) _____

9 (c). Do you have Brothers or Sisters? If yes, give their names: _____

10. Name and address of Local Guardian (if any) _____

Post Office: _____

District: _____ State: _____ Pin Code: _____

Phone No. (with STD Code) _____ Mobile No. _____

E-Mail ID _____ Relationship with student: _____

11. Name of the School / Institution last studied for the qualifying examination:

a) Name of the School / Institution: _____

b) Address with Pincode: _____

c) Group: _____

d) Month and Year of passing: _____

e) Board / University: _____

f) Subjects studied: _____

12. What is the present stage of your study: Course completed / Appeared in final examination / Result awaited / Qualified

(strike out whichever is not applicable)

13. Marks obtained in the qualifying examination:

(Enclose self - attested photocopies of 10th and 12th mark sheets)

Class	Marks Obtained	Maximum Marks	% of Marks	No. of Attempts
10 th				
12 th				

14. Major Extra Curricular Activities

No.	Activity	Year		Honours Received (if any)	Remarks
		From	To		

15. Reason for choosing the AMRITA school for your studies:

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.....
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16. How did you come to know of Amrita School of Arts and Sciences, Kochi campus?

- The Hindu Indian Express Matrubhumi Malayala Manorama
Janmabhumi Kerala Kaumudi Amrita Website Alumni TV Channel
M.A.MATH Matruvani Other Institutions School / Institution last studied
Face book Others (Specify) _____

DECLARATION BY THE APPLICANT

I _____ D/o. / S/o. of _____

hereby declare that the particulars given by me in this Application Form are true. I shall produce the original certificates at the time of admission. I confirm having read and understood the “Instructions to Candidates” and “FAQ” before filling this Application Form.

Place:

(Signature of the applicant)

Date:

Name: _____

DECLARATION BY PARENT / GUARDIAN

I, _____ undertake the responsibility of my daughter/son _____ who is seeking admission in the Amrita School of Arts and Sciences, Kochi Campus of Amrita Vishwa Vidyapeetham and declare that the particulars furnished by him/her is correct and true and that if in future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw my daughter/son from the course without any claim or consideration of the period of study/stage of the course he/she completed. I hereby ensure that the candidate has read the “Instructions to Candidates” and “FAQ” before filling this Application Form. I shall not claim refund of fees already paid in the event of discontinuance of the study.

(Name and Signature of Parents)

Father: _____

Mother: _____

Name and Signature of Guardian other than Parents (If Applicable): _____

Relationship with the Applicant: _____

I fully agree with the above declaration.

I fully agree to abide by the rules and regulations of Amrita School of Arts and Sciences, Kochi if admitted to the course.

Place:

Date

(Signature of the applicant)

Name: _____

FOR OFFICE USE ONLY

Fees Paid: Rs. _____

Semester: _____

Rt. No. _____

C.D.Rt. No. _____

D.D _____ Dt. _____

Bank. _____