

**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 POST - GRADUATE PROGRAMME****M.C.A. [MASTER OF COMPUTER APPLICATIONS]****Lateral Direct Entry into the 3<sup>rd</sup> Semester****(offered for BOYS and GIRLS)**

[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: \_\_\_\_\_

8. Marital Status: \_\_\_\_\_

- 9 (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: \_\_\_\_\_

- 9 (b). Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Post Office: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

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

Affix recent  
Passport size  
photograph

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

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

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

10 (c). Do you have Brothers or Sisters? If yes, give their names: \_\_\_\_\_

10 (d). Husband's Name (In case of married female candidate): \_\_\_\_\_  
Occupation (specify) \_\_\_\_\_ Annual Income \_\_\_\_\_  
Office Address (if any) \_\_\_\_\_  
Contact Number (Mobile and Landline with STD Code): \_\_\_\_\_  
E-Mail ID \_\_\_\_\_

11. 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: \_\_\_\_\_

12. Name of the College / Institution last studied for the qualifying examination:

- a) Name of the College / Institution: \_\_\_\_\_
- b) Address with Pincode: \_\_\_\_\_
- c) Name of the Degree: \_\_\_\_\_
- d) Year wise or Semester wise system: \_\_\_\_\_
- e) Month and Year of passing: \_\_\_\_\_
- f) University: \_\_\_\_\_
- g) Subjects – Main: \_\_\_\_\_ Ancillary: \_\_\_\_\_

13. What is the present stage of your study: Course completed / Appeared in final examination / Result awaited / Qualified  
(*strike out whichever is not applicable*)

14. Marks obtained in the qualifying examination:

**(Enclose self - attested photocopies of ALL the Marklists / Grade sheets of the Degree exams)**

[If the Degree was of annual (year) pattern, use only the first three columns to enter marks]

Semester / Year	I	II	III	IV	V	VI	Total
Marks Obtained							
Maximum Marks							
% of Marks / Grade Point							

15. Subjects for which more than one attempt was made: \_\_\_\_\_

16. Month and Year of passing: \_\_\_\_\_

17. Marks obtained for 10<sup>th</sup> and 12<sup>th</sup> standard:

**(Enclose self - attested photocopies of 10<sup>th</sup> and 12<sup>th</sup> mark sheets)**

Class	Marks Obtained	Maximum Marks	% of Marks	No. of Attempts
10 <sup>th</sup>				
12 <sup>th</sup>				

18. Major Extra Curricular Activities

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

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

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.....  
.....  
.....

20. 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  Matrurani  Other Institutions  College / Institution last studied   
Face book  Others (specify) \_\_\_\_\_

**DECLARATION BY THE APPLICANT**

I \_\_\_\_\_ S/o. / D/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/ward \_\_\_\_\_ 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 she/he 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. \_\_\_\_\_