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:

_____ _____
(Name of the Applicant)   (Signature of the Applicant)

FOR OFFICE USE ONLY

Fees Paid: Rs. _____   Semester: _____

Rt. No.: _____   C.D.Rt. No.: _____

D.D.: _____   Bank: _____

AMRITA VISHWA VIDYAPEETHAM | School of Arts & Sciences
KOCHI CAMPUS

Brahmasthanam, Edappally North (P.O.), Kochi - 682 024, Kerala.
Tel: 0484 - 280 2000, 280 2899   Email: admissions.asaskochi@amrita.edu

Application Form Number

WBACE

Application Form for Admission (2021) to Under-Graduate Programme
B.A. (Communicative English)
3 Years - 6 Semesters

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**. Enclose **ONLY** self – attested photocopies of Marklists. **INCOMPLETE APPLICATION FORM** is liable for rejection.

Affix recent
Passport Size
photograph

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

2. Date of Birth: D D M M Y Y Y Y   Age: ____   3. Gender: _Female*_   4. Blood Group: _____

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

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

7. Mother Tongue: _____   8. Nationality: _____

9. (A) Address for Communication: _____

   Post Office: _____   District: _____

   State: _____   Pin: _____

   Applicant's Phone No: _____

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

   Father's Mobile Number: _____   Father's E-mail ID: _____

   Mother's Mobile Number: _____   Mother's E-mail ID: _____

9. (B) Permanent Address: _____

   Post Office: _____   District: _____

   State: _____   Pin: _____

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: _____

11. Name and Address of Local Guardian *(if any)*: _____

Post Office: _____ District: _____

State: _____ Pin: _____ Mobile: _____

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

Relationship with Student: _____

12. 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: _____

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 10th and 12th mark sheets)**

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

15. Major Extra Curricular Activities:

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

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

_____

_____

_____

_____

_____

_____

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

☐ The Hindu ☐ Indian Express ☐ Mathrubhumi ☐ Malayala Manorama ☐ Janmabhumi ☐ Kerala Kaumudi

☐ Alumni ☐ TV Channels ☐ MA Math ☐ Matruvani ☐ College / School last studied

☐ Facebook ☐ Amrita Website ☐ 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:

Date: _____   _____
(Name of the Applicant)   (Signature of the Applicant)