

**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  
DEEMED TO BE UNIVERSITY

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

**WBCOMTAX**

**Application Form for Admission (2021) to Under-Graduate Programme**

**B.Com. (Taxation and Finance)**

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)

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2. Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Age: 

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 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
10 <sup>th</sup>				
12 <sup>th</sup>				

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:

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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)