



DR. MGR-JANAKI COLLEGE OF ARTS & SCIENCE FOR WOMEN

(AFFILIATED TO THE UNIVERSITY OF MADRAS)
11 & 13, Durgabai Deshmuk Road, Chennai 600 028
Ph : 2493 7382, 2493 7392

Affix Passport Size
Photograph

Serial No.

Reg No.

Date

B.Sc VISUAL COMMUNICATION

1. NAME (IN BLOCK LETTERS) :
as in the qualifying Examination
with expansion of initials

2. Residential address with Phone No. :

Mobile No. :

3. Date and Place of Birth :

4. Religion and Nationality :

5. Community : BC MBC SC ST DNT OC
(Copy of the Community Certificate must be enclosed)

6. Mother Tongue

7. Name of the School Last studied :

8. Month and Year of passing :

9. Medium of Instruction last studied :

10. Statement of marks in the qualifying examination passed
Board of Examination : State / Central / Others

REGULAR PRIVATE

SUBJECT	MAX. MARKS	MARKS OBTAINED	MONTH AND YEAR EXAMINATIONS
TOTAL			

(To be attested if Xerox copy of original marksheet is not enclosed)

11. Part I Language : Tamil / Hindi / French / Sanskrit / Arabic
(Basic knowledge of the language is essential)

PARTICULARS	FATHER	MOTHER
1. Name		
2. Occupation		
3. Official address and Phone No.		
4. Annual Income (Enclose proof from the concerned department)		

12. Sports / Games Activities : District Level / State Level
(enclose copies of certificates)

13. Outstanding performance in extra curricular activities:

14. Physically Handicapped : Yes / No.

Visually impaired Hearing impaired Orthopaedically impaired
(To be supported by the copy of medical certificate)

15. Ex-servicemen Quota : Yes / No
(copy of certificate to be enclosed)

16. Any other courses applied for in this college :

I understand that fees once paid will not be refunded under any circumstances.

Signature of applicant

Signature of Father / Mother / Guardian

Date :