



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

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

Affix Passport Size
Photograph

Serial No.

Reg No.

Date

B.Sc. MATHEMATICS

1. NAME (IN BLOCK LETTERS) :
as in the qualifying Examination
with expansion of initials
2. Residential address with Phone No. :
3. Date and Place of Birth :
4. Religion and Nationality :
5. Community :

BC	MBC	SC	ST	DNT	OC
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(Copy of the Community Certificate must be enclosed)
6. Name of the School Last studied :
7. Month and Year of passing :
8. Medium of Instruction last studied :
9. Statement of marks in the qualifying examination passed.
Board of Examination : State / Central / Others

REGULAR	PRIVATE
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SUBJECT	MAX. MARKS	MARKS OBTAINED	MONTH AND YEAR EXAMINATIONS
TOTAL			

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

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

PARTICULARS	FATHER	MOTHER
1. Name		
2. Occupation		
3. Official address and Phone No.		
4. Annual Income		

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

12. Outstanding performance in extra curricular activities :

13. Physically Handicapped : Yes / No.

Visually impaired Hearing impaired Orthopaedically impaired

(To be supported by the copy of medical certificate)

14. Ex service man Quota : Yes / No
(copy of certificate to be enclosed)

15. 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 :