

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

(AFFILIATED TO THE UNIVERSITY OF MADRAS)
11 & 13, Durgabai Deshmuk Road, Chennai 600 028

I HARDON	2 : 2493 7382, 2493 7392	Affix Passport Size
Serial No		Photograph
Reg No		
Date	I	

B.Sc. PSYCHOLOGY

- 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

(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

board of Examination	. Otato / Ochtral / O		
			REGULAR PRIVATE
SUBJECT	MAX.MARKS	MARKS OBTAINED	MONTH AND YEAR EXAMINATIONS
TOTAL			

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

PARTICULARS	FATHER	MOTHER			
1. Name					
2. Occupation					
Official address and Phone No.					
4. Annual Income					
Sports / Games Activities	: District Level / State (enclose copies of				
 Outstanding performance in extra curricular activities:					
Physically Handicapped : Yes / No. Visually impaired Hearing impaired Orthopaedically impaired (To be supported by the copy of medical certificate)					
Ex service man Quota : Yes / No (copy of certificate to be enclosed)					
Any other courses applied for in this college :					
I understand that fees once	e paid will not be refunded under any	circumstances.			
Signature of applicant	Si	ignature of Father / Mother / Guardia			