SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

Vazhithala P.O., Thodupuzha - 685 583 Kerala, India, Ph: 04862 273006, 273476

APPLICATION FORM FOR ADMISSION															
1.	Application No. BBA (Bachelor of Business Administration) (In English Block Letters. Write One Letter per Box. Leave a box blank between parts of the Name) Name of the Applicant.														
2.	Sex M F														
3.	Whether Physically Disabled Yes No														
4.	Whether SC / ST / OBC / OTHERS														
5.	Date of Birth & Age Day Month Year Age														
6.	Place of Birth & District														
7.	Religion with Community														
8.	If Catholic Parish and Diocese														
9.	Address for Communication:														
	Ph: (with code)Mob:E-mail:														
10.	Name and Address of Guardian:														
	Phone:														
	Ph: (with code)Mob:E-mail:														
11.	Relationship with the Applicant														
12.	Occupation and annual income of Guardian														
13.	Whether hostel facility needed Yes No														

14. Participat	ted in	N	CC _	١	NSS												
15. Whether dependent of Ex-service man/widow/child of Javan Yes No																	
16. Name of the School/ College last attended:																	
17. Name of	the quali	fying exa	minatior	1 <u> </u>													
18. Year of page	of passing Reg.No. Percentage of marks																
19. Number of chances																	
20. Marks secured in the qualifying examination																	
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	Part I	English															
	Part II	Hindi/Ma															
	Part III	Optional	Subjects	:													
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Sciences. I also declare that the details furnished above are true.																	
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Date of Admis	ssion.																
Date of Admission:																	
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