ILM COLLEGE OF ARTS AND SCIENCE, METHALA



(Affiliated to M.G. University, Kottayam)
TechnoVillage, Methala, Keezhillam P.O, Perumbavoor,
Ernakulam (Dist.) Pin: 683541 Fax: 0484-2597901

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Photo

APPLICATION FOR ADMISSION	ON TO 20 -20	
Application No:	Admission No:	

Name (In block letters & as in SSLC Certificate)	
2. Expansion of initials(if any)	
3. Age & Date of Birth(as in SSLC Certificate)	
4. Sex : Male/Female	5. Nationality:
6. Religion & Caste	7. Mother Tongue :
8. Programme to which admission is sought (B.Com Computer Application/ B.Com Tax/ BCA/ BBA/ B.Sc.Psychology)	
9. Second Language(For B.Com/B.Sc. Psychology)	Malyalam/Hindi
10. If eligible for reservation	SC/ST/OBC/Others
11. Permanent Address	
	Pin: Mob:
12. Name & Occupation of parent/guardian	
13. Address to which communication is to be sent	
	Pin: Mob:
14. Whether College Bus facility is needed	
15. Residents during college days	With parents/With Relatives/College Hostel
16. Name & address of local guardian(if any)	
17. Name of institution last studied with period of study	
18. Examination passed with Reg. No Month & Year(Attach attested copy of marklist)	
19. Attainment on sports,games,NCC,NSS etc(Attested copies of certificates to be enclosed)	

ACADEMIC QUALIFICATIONS

Qualification	Register No. & Year of Passing	Percentage of Marks	School Attended
10 th			

Details of Marks Awarded in the Qualifying Examination(+2)

Papers	Grade	Marks Obtained	Maximum Marks	Calculation of Rank Mark (For office use)
Part I: English				Total Marks for Part III Subjects
Part II: 2 nd Language				
Part III:				Weightage for the Subject
1):				
2):				Wtg for NCC/ NSS/ ExService
3):				Total
4):				Deduct Handicap Mark
Total				Net Rank Mark

Other Qualifications(if any)

DECLARATION	FOR OFFICE USE ONLY
I do hereby declare that the particulars given above are correct and that I will abide by the rules of the college.	Received the following certificate and verified. TC/CC/Marklist/Copy of SSLC/Migration Certificate/Others
Signature of Applicant Place: Date:	
I do hereby guarantee the good conduct of my ward, the strict observance of the rules of the college and regular payment of all his/her dues to	Admit to first semester
the college and hostel during the course of study.	PRINCIPAL Date :
Name & Phone No. of Guardian	Receipt Noamount Date
Place:	Checked/Superintendent