



Application No.

Issued on

MICHAEL JOB COLLEGE OF ARTS AND SCIENCE FOR WOMEN

Affiliated to Bharathiar University, Recognized by UGC Under Section 2(F), ISO 9001 : 2015 & 21001 : 2018 Certified
Near Sular Boat Lake, Ravathur P.O, Sular, Coimbatore - 641103

e-mail : mjccollege@mjc.ac.in

Website: www.mjccas@ac.in

Contact : 73050 40206 , 93848 61192 , 93848 61197



PG PROGRAM APPLIED FOR

- M.A English
- M.A Tamil
- M.Com
- M.Com (CA)
- M.Sc. (CS)
- M.Sc. Maths
- M.Sc Zoology

1. Name of the Applicant (in BLOCK LETTERS) as in HSC Mark Sheet

2. Date of Birth :
Date Month Year

3. Name of the Parent / Guardian (in BLOCK LETTERS)

FATHER : _____

MOTHER: _____

4. Permanent Address(in BLOCK LETTERS)

Pincode :

5. Mobile Number - PARENT (Father / Mother)

1) _____ 2) _____

6. Mobile Number - GUARDIAN : _____

paste a recent passport size photograph

Do not staple



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7. E - mail ID (STUDENT) : _____

8. Blood Group(STUDENT) : _____

9. Student AADHAR NO :

10. Nationality : _____

11. State : TamilNadu Others

12. Religion : _____

13. Community : OC/BC/BC(M)/MBC/DNC/SC/SC(A)/ST(write in the box)
(attested copy should be enabled)

Name of the Caste : _____

SI.NO of the Community Certificate : _____

14. Person with disability : Yes No (If yes attach medical certificate issued from authorized authority)

15. Parent's Occupation :
FATHER : _____
MOTHER : _____

16. Annual Income : _____

17. Extra Curricular activities* : Sports NCC NSS Others

Mention in detail:

18. Hostel Faculty required : Yes No



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19. Academic Performance :

S.No	Name & address of the school	Medium of Instruction	Board	Month & Year of passing	Marks obtained	Maximum Marks	%

20. UG : Regular/correspondent

Medium of Instruction : _____ Register No : _____

Name of the College : _____

City : _____ District: _____ State : _____

Particulars	Month & year of Passing	CGPA
Semester I		
Semester II		
Semester III		
Semester IV		
Semester V		
Semester VI		
	TOTAL	



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DECLARATION BY THE APPLICANT & PARENT

I Solemnly affirm that the information furnished in this application and the enclosures, are true, correct & complete to the best of my knowledge and belief. I assure to abide by the rules & regulations of Michael Job Matriculation Higher Secondary School, enforced from time to time. I further declare that if any information is found otherwise, I am liable to forfeit my seat and or be removed from the rolls of Michael Job Matriculation Higher Secondary School at any stage of the study.

Signature of the Parent/Guardian

Signature of the Student

Place :

Date :

FEE PAYMENT DETAILS

Account Name : MICHAEL JOB COLLEGE OF ARTS & SCIENCE FOR WOMEN

Bank Name & : SOUTH INDIAN BANK LTD

Address : PALLAPALAYAM BRANCH, COIMBATORE

Account Type : SAVINGS **IFSC Code:** SIBL0000294

Account No : 0294053000021945

FOR OFFICE USE ONLY

Day Scholar

Name of the student: _____

Hostelite

Enrollment No. : _____

Admitted on : _____

Fee collected vide receipt No. : _____ Date: _____ Rs.: _____

_____ Date: _____ Rs.: _____

_____ Date: _____ Rs.: _____

_____ Date: _____ Rs.: _____

Admission Head

Note: Attested photocopies of the certificates (downloaded mark sheet if original mark sheet is not received) should be enclosed along with the application. However at the time of the admission, the original certificates should be submitted. Any change in information should be intimated to the authorities of Michael Job College Of Arts & Science for Women through proper channel immediately.