



Application No.

Issued on

MICHAEL JOB COLLEGE OF ARTS & SCIENCE FOR WOMEN

Affiliated to Bharathiar University, Recognized by UGC Under 2(f)

Near Sular Boat Lake, Ravathur P.O, Sular, Coimbatore - 641103

e-mail : admissions.contact@mjc.ac.in

Website: www.mjccas@ac.in

Contact : 73050 40206 , 73050 40207 , 98436 86389



UG PROGRAM APPLIED FOR

B.A. English

B.A. Tamil

B.A. History

BCA

B.Com

B.Com (CA)

B.Com (IT)

BBA (CA)

B.Sc. CS

B.Sc. (IT)

B.Sc. Zoology

B.Sc. Maths

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 / GUARDIAN :

1) _____ 2) _____

6. WhatsApp Number (STUDENT) : _____

paste a recent passport size photograph

Do not staple



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7. E - mail ID (STUDENT) : _____

8. Blood Group (STUDENT) : _____

9. Student AADHAAR 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 enclosed)

Name of the Caste : _____

Sl. 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 Facility 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	%
SSLC (10 th)							

HSC 12th : Academic/Vocational Board : _____

Medium of Instruction : _____ Register No. _____

Name of the School : _____

City : _____ District : _____ State : _____

Subject	Month & Year of Passing	Marks Obtained	Maximum Marks	%
Language ()				
English				
Part III 1.				
2.				
3.				
4.				
	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 College of Arts & Science for Women, 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 College of Arts & Science for Women 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

Name of the student: _____

Enrollment No. : _____

Admitted on : _____

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

_____ Date: _____ Rs.: _____

_____ Date: _____ Rs.: _____

_____ Date: _____ Rs.: _____

Day Scholar

Hostelite

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.