

ST. LOUIS COLLEGE OF THE DEAF

CANAL BANK ROAD, GANDHI NAGAR, ADYAR, CHENNAI – 20

APPLICATION NO:

- Please READ THE PROSPECTUS CAREFULLY before filling up the application
- Please tick whichever necessary

AFFIX
PASSPORT
SIZE
PHOTOGRPH

1	NAME OF THE APPLICANT							
	MEDIUM PREFERRED (B.COM ONLY)	<input type="checkbox"/> TAMIL <input type="checkbox"/> ENGLISH						
2	COURSE APPLIED FOR		<input type="checkbox"/> B.Com <input type="checkbox"/> B.C.A					
3	DATE OF BIRTH	DD	MM	YYYY	4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5. BLOOD GROUPS		
6	COMMUNITY (As in T.C)	<input type="checkbox"/> OC <input type="checkbox"/> BC <input type="checkbox"/> MBC <input type="checkbox"/> SC/ST Please Mention your Caste						
7	RELIGION	<input type="checkbox"/> CHRISTIAN <input type="checkbox"/> HINDU <input type="checkbox"/> MUSLIM <input type="checkbox"/> OTHERS						
8	NATIONALITY	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Foreigner		MOTHER TONGUE				
	a) INDIAN	STATE	DISTRICT	VILLAGE	TOWN			
	b) NRI/FOREIGNER	COUNTRY	VISA.NO.	PASSPORT NO.	PASSPORT VALIDITY			
9	EXTRA CURRICULAR ACTIVITIES	<input type="checkbox"/> NSS <input type="checkbox"/> NCC <input type="checkbox"/> SPORTS <input type="checkbox"/> OTHERS						
10	PARENT'S DETAILS	NAME	EDUCATION	OCCUPATION	ANNUAL INCOME			
	FATHER							
	MOTHER							
11	NAME OF THE SCHOOL, PLACE LAST ATTENDED				T.C. NO. :	DATE :		
	MEDIUM OF INSTRUCTION IN HSC	<input type="checkbox"/> TAMIL <input type="checkbox"/> ENGLISH		<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL				
	BOARD OF EXAMINATION	<input type="checkbox"/> HSC <input type="checkbox"/> ISC <input type="checkbox"/> CBSE <input type="checkbox"/> OTHER BOARD SPECIFY if any						
	YEAR OF PASSING	EXAM REGISTRATION NO:.....						
12	LANGUAGE I	LANGUAGE II	SUBJECT 1	SUBJECT 2	SUBJECT 3	SUBJECT 4	TOTAL MARKS OBTAINED/ MAXIMUM MARKS	TOTAL MARKS OBTAINED/ MAXIMUM MARKS (WITHOUT LANGUAGES)
	ENGLISH						
	MARKS.....							
13	HEARING LOSS PERCENTAGE	LEFT SIDE PERCENTAGE (%)			RIGHT SIDE PERCENTAGE (%)			
14	ADDRESS FOR COMMUNICATION							
	PRESENT ADDRESS			PERMANENT ADDRESS				
	PIN			PIN				
	MOBILE NO							
	PARENT [FATHER/MOTHER]:			STUDENT:				

- USE CAPITAL LETTERS ONLY

I.....understand that association with any unlawful organisation is forbidden. If selected for admission, I promise to abide by the rules and regulations of the College. All the particulars stated in this application are true to the best of my knowledge and belief.

Date:.....

Signature of the Applicant

UNDERTAKING BY PARENT / GUARDIAN

In the event of the above applicant, my son / daughter / ward being admitted to the College, I undertake to pay regularly all his/her dues to the College till the completion of his/her course of studies. I also undertake to be responsible for his / her conduct, progress in studies and attendance.

Date:

Signature of the Parent

Certificates to be produced at the time of Interview

- | | | |
|---------------------------|--------------------------|---------------------------------|
| 1. B.COM – Mark Statement | 2. Transfer Certificate | 3. National ID with Audiogram |
| 4. Conduct Certificate | 5. Community Certificate | 6. Passport Size Photos – 3No’s |

FOR OFFICE USE ONLY

Admission No. :..... **Date of Admission** :.....

Course & Year :.....

Date on which fees paid:..... **Receipt No.** :.....

Certificate Verification by:

- 1.
- 2.