

CMS COLLEGE KOTTAYAM (AUTONOMOUS)

Kottayam, Kerala – 686001

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APPLICATION FOR AVAILING OF CONCESSIONS (Physically / Mentally Challenged)										
1	Name of the Candidate (in block letters):						<u> </u>			
2	Name of the Department:									
3	Programme:					Year of Admission				
4	UPRN of th	e candidate:	ate:							
5	Category:	Physically Challenged	Blind		Par	Partially Blind		Deaf &	Dumb	Mentally Challenged
6	Year and Se requested	emesters for wh	which Concession is				Year		Sem	
7	Nature of Disability, with Details:									
12	Particulars of document attached:									
13	Signature of the Candidate:						Date:			
14	Signature of the Guardian:			_			Date:			
Signat	ure and Seal o	of the Head of	the Depa	artment						

For	Office	Use

Remark:	No.
	Controller of Examination