



CMS COLLEGE, KOTTAYAM (AUTONOMOUS)

APPLICATION FORM (FOR GENERAL & EXAMINATION PURPOSES)

To be filled by the candidate

Receipt No. Amount Rs.

(Rupees only)

Date of Payment:

1. Name of Applicant (In block letters) :
2. Date of Birth : Male/ Female/Other
3. Address with Phone No. (In block letters) :
.....
.....
4. UPRN :
5. RANK CERTIFICATE / OFFICIAL TRANSCRIPT/ TRANSCRIPT OF MARKS/ ATTESTATION OF MARK LIST/ ATTESTATION OF SYLLABUS/ DETAILED MARK LIST/ CONFIDENTIAL MARK LIST / ADDITIONAL MARK LIST /CONSOLIDATED MARK LIST/ CANCELLATION OF EXAMINATION / DUPLICATE HALL TICKET / DUPLICATE REVALUATION MEMO/ CERTIFICATE ON MEDIUM OF INSTRUCTION, DURATION OF COUSE, DETAILS OF COURSE/ PERCETAGE CERTIFICATE/ PHOTOSTAT COPY OF ANSWER BOOK/OTHER. ...

Purpose (write specifically the requirement as mentioned in No. 5 above)	
Name of the Course/ Programme	
Subject/ Branch	
Semester & Regular/Reappearance	
Month & Year of Passing	
Additional Details	

DECLARATION

I do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

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