



MODEL CHRISTIAN COLLEGE

EDUCATE . INSPIRE . TRANSFORM

ESTD 2007

Please affix one recent passport sized photo

FORM No:

(For Office Use Only)

APPLICATION FORM for *B.Sc.* (Please fill the form in **BLOCK LETTERS**)

(Please note that incomplete application form will be rejected during scrutiny)

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reg. No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 1 (Student Details)

Name	<input type="text"/>																							
Date of Birth	<input type="text"/>						(dd/mm/yyyy)	Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>											
Religion	<input type="text"/>						Community	<input type="text"/>																
Category	ST	<input type="checkbox"/>	SC	<input type="checkbox"/>	OBC	<input type="checkbox"/>	Gen	<input type="checkbox"/>	Nationality	<input type="text"/>														
Permanent Address	<input type="text"/>																							
	<input type="text"/>																							
	<input type="text"/>																							
District	<input type="text"/>						State	<input type="text"/>																
Mobile	<input type="text"/>						Email	<input type="text"/>																

PART 2 (Parents/Guardian)

Father's Name	<input type="text"/>																							
Father's occupation	<input type="text"/>						Mobile No.	<input type="text"/>																
Mother's Name	<input type="text"/>																							
Mother's occupation	<input type="text"/>						Mobile No.	<input type="text"/>																
Guardian's Name	<input type="text"/>																							
Guardian's occupation	<input type="text"/>						Mobile No.	<input type="text"/>																

PART 3 (Past Academic Record)

Marks obtained in HSSLC	Eng	Alt/ MIL	Physics			Chemistry			Biology			Maths	Other	Div	%	Year of Passing								
			Th	Pr	Tota	Th	Pr	Tota	Th	Pr	Tota													
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Name of the School/College last attended	<input type="text"/>																							
Address	<input type="text"/>																							
	<input type="text"/>																							
District	<input type="text"/>						State	<input type="text"/>																

PART 4 (Admission)

Admission to (Tick)	B.Sc. 1st Sem.	B.Sc. 2nd Sem.	B.Sc. 3rd Sem.	B.Sc. 4th Sem.	B.Sc. 5th Sem.	B.Sc. 6th Sem.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Honours/Major	Minor				
Tick (✓) One	Tick (✓) any one of the following other than the Major				
1 Botany <input type="checkbox"/>	Botany <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Geography <input type="checkbox"/>	Geology <input type="checkbox"/>	Zoology <input type="checkbox"/>
2 Chemistry <input type="checkbox"/>	Botany <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Geography <input type="checkbox"/>	Geology <input type="checkbox"/>	Zoology <input type="checkbox"/>
3 Geology <input type="checkbox"/>	Botany <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Geography <input type="checkbox"/>	Geology <input type="checkbox"/>	Zoology <input type="checkbox"/>
4 Zoology <input type="checkbox"/>	Botany <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Geography <input type="checkbox"/>	Geology <input type="checkbox"/>	Zoology <input type="checkbox"/>

