



**ST. JOSEPH'S COLLEGE (AUTONOMOUS)
IRINJALAKUDA, THRISSUR**

Phone: +91-480-2825358, 2830954, 7034578476, 9207290434 Email: admission@stjosephs.edu.in

APPLICATION FORM FOR PG ADMISSION 2016 - 17

Control No:



Application No.:

Office use only

INSTRUCTIONS

1. Take a printout of this form.
2. Pay an amount of Rs.200(100 for SC/ST applicants) in the college office, if applicable.
3. Attach the Receipt/DD/Transaction details and copy of the original certificates to this application form.
4. Submit the duly signed form along with the attachments in the college office on or before 08/06/2016.

Primary Data

Name of Applicant	
Address	
Phone	
Mobile	
Email	
PIN Code	
Nationality	
Date of Birth	
District	
Category	
Religion	
Caste	
Management quota Applicant	Yes / No

Parent / Guardian

Name of Parent / Guardian	
Relationship	
Phone	
Occupation	
Annual Income	

Qualifying Examination

Examination Passed	
University	
Number of chances taken	
Method of Evaluation	



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Marks secured in Qualifying Examination				
Part	Course / Subject	Mark	Maximum	
Part I				
Part II				
Part III				
Total				
Other Information				
Handicapped: Y / N	NCC/NSS: Y / N	NCC Certificates A: Y / N, B: Y / N C: Y / N		
Exservicemen: Y / N	IEP: Y / N	Arts: Y / N	Sports: Y / N	CSS: Y / N
Do you require hostel facility		Yes / No		
Admission Sought for				

DECLARATION

1. I hereby declare that the information given in this data sheet are correct and true to the best of my knowledge and belief.
2. I promise to abide by rules and regulations of the college.

Signature of the student

Date:

FOR OFFICE USE ONLY

Fee Details.

Mode	DD/TXN No:	Date:	Amount:
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Bank & Branch	,
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Admission Details.

Admission No:	Programme Admitted:	Quota:
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PRINCIPAL