



**ST. JOSEPH'S COLLEGE (AUTONOMOUS), IRINJALAKUDA 680121**  
**RECOMMENDATION FORM FOR UG/PG ADMISSION IN MANAGEMENT QUOTA**

|   |                             |
|---|-----------------------------|
| 1. Name of the Student  |                             |
| 2. Address  |                             |
| 3. The order of preference for the course applied<br>(Maximum 3)            | 1 :<br>2 :<br>3 :           |
| 4. Application Number given by the admission site                           |                             |
| 5. Percentage of marks obtained at Plus 2 level /Degree Level               |                             |
| 6. Name of Parent/Guardian<br><br>Phone Number: Land line :<br>Mobile :     |                             |
| 7. Religion and Caste   |                             |
| 8. Name and Address of the Person Recommending & Phone Number               |                             |
| 9. Exact relationship of the student with the person recommending           |                             |
| 10. Whether you are applying in the Sports Quota                            | <b>YES/No (Please tick)</b> |
| <b>NB: The form should be attested by their Vicar for Catholic students</b> |                             |

Place :

Date :

**Signature & Seal (if any) of recommender**

N.B : Attach Photostat copy of HSE/Degree mark list