

ALSHAHAMA COLEGE OF ADVANCED STUDIES

Address: Alshahama, Riyas Complex, Mele Pattambi 679306 +91 9544 323 323 |+91 9526 529 555 |+91 9846 024 369 www.alshahama.org

APPLICATION FORM FOR ADMISSION TO DEGREE COURSE - 20___ - 20___ Application date: Application form No. : Enrollment number : (for official use only) Name of the couse Opting added diploma: YES NO NO PERSONAL DETAILS Full Name (As it appear in your certificate) Gender Third gender : Male Female Recent photograph Date of birth Email Address Mobile number .----Category: General OBC SC/ST Religion : _____ Contact number : _____ Father's Name Mother's NameContact number: State of Domicile/UT : **Nationality** ADDRESS DETAILS B) Correspondence Address A) Permanent Address Country : Country : State /UT : State /UT : City City Pincode Pincode

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EDUCATIONAL QUALIFICATION Qualifying exam Scoring scheme : Qualifying exam status : Marks Obtained : Maximum marks Exam board name .----State name -----VALID PHOTO IDENTIFICATION AADHAR card number -----**PAYMENT DETAILS** Demand draft | Online payment | Payment option : Cash Amount .----: Date : DD number **DECLARATION** I hereby declare that the information given in this application is true and correct to the

best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

(Signature of Applicant)

(Signature of Parent/Guardian)

Place:

Date:

CHECK LIST

Photocopies of following

High school mark list, Higher secondary mark list, Transfer/migration certificate, Character certificate, Caste certificate.

HOW TO AAPLY

This duly filled application form should be submitted to the office of the institution along with the photocopies of the document mentioned above.

All above documents (in original) must be submitted in the office at the time of admission.