

GCE AL Stream: _____ <input type="checkbox"/> Local <input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Edexcel / Pearson <input type="checkbox"/> Cambridge <input type="checkbox"/> Other Specify _____						

4. SCHOOL/S ATTENDED

- _____
- _____

5. OTHER QUALIFICATIONS (Professional, Etc.)

Name of Exam	Year of Exam	Awarding Body	Overall Grade

6. EMPLOYMENT (IF ANY)

Name of Employer(s)	Position	From	To

PART TWO

1. PERSONAL STATEMENT

(Briefly in bullet form is ok. Those who want to be more comprehensive are free to do it in a separate sheet and attach)

Reasons for selecting the course	
Special Interests	
Career Aspirations	

Please indicate how you heard of the course you are applying for

<input type="checkbox"/> Word of Mouth / Past Student	<input type="checkbox"/> Our Website / Email
<input type="checkbox"/> Newspaper / Magazine Advert	<input type="checkbox"/> Seminars
<input type="checkbox"/> Prospectus / Leaflets	<input type="checkbox"/> Open Events
<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook
<input type="checkbox"/> TV	<input type="checkbox"/> Agent (Name _____)

APPLICANT'S CHECKLIST

Have you included?

- Passport size colour photos
- Proof of your qualifications (Certified copies with originals. Original will be returned after verification)
- A Copy of your Birth Certificate
- A Copy of your National Identity Card
- Any other relevant documents

DECLARATION

By signaling this form, I confirm that to the best of my knowledge, the information given in this form is correct and accurate. Further, I agree to abide by the rules and regulations of the college. If any information given here is found to be false, I am aware my application will be cancelled / admission will be quashed and I shall have no claim whatsoever from the college. I also understand no refund or batch transfer will be effected after ten days from the start date of the course.

Signature

Date

OFFICE USE

Date Application received	
Admission to course:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Student Number:	
Check List	Signature on the form: <input type="checkbox"/> Proof of Qualifications: <input type="checkbox"/>
Total Course Fee:	Rs.
Registration Fee :	Rs.
Course Fee :	Rs.
Amount Paid Upfront:	
Number of Instalments for the balance to be settled:	
Payment Discount	

Admission Officer

Date

Remarks