

# SHAREEATH COLLEGE FOR WOMEN

Chappapara. Chenakkalangadi(po). Malappuram(dt) 673636

Ph: 9747785954, 0494 2400530, 2404218.

(Affiliated to the University of calicut)

Photo

Run by: **Samastha kerala Jam-iiyathul Muallimeen Central Council**

Samasthalayam, Chelari. Thenhipalam(po). Malappuram. 673636

## Application for Admission to BA Degree in Arabic (AFZAL-UL-ULAMA)

|  |                   |
|--|-------------------|
| 1. Name (in block letters as in the SSLC Book)   |                   |
| 2. Expansion of initial  |                   |
| 3. Date of birth   |                   |
| 4. Sex:  | 5. Nationality:   |
| 6. Religion and caste:   | 7. Mother-tongue: |
| 8. Place of birth  |                   |
| 9. Name and address of parent with Tel No:   |                   |
| 10. Occupation of parent and his/her annual income   |                   |
| 11. Name of Guardian (Give full address and relationship with pupil)   |                   |
| 12. Whether a citizen of Kerala, mention the Village/ Town/ Taluk and district to which you belong                       |                   |
| 13. Whether married or not   |                   |
| 14. Address to which communications are to be sent   |                   |
| 15. Name of institution last attended with years of study  |                   |
| 16. Examination passed with register number(s) month and year  |                   |
| 17. Number of times you appeared for the qualifying examination  |                   |
| 18. Attainment on Sports, Games, N.C.C, N.S.S etc....(Certified copies to be enclosed)                                   |                   |
| 19. Claims, if any, on account of being hand-icapped or dependant of Ex-servicemen etc.(Certified copies to be enclosed) |                   |
| 20. Whether Scheduled Caste/Scheduled Tribe/other Eligible community: if so, specify the community.                      |                   |
| 21. Course to which admission is sought.   |                   |
| 22. Concession enjoyed in the institution last attended.   |                   |
| 23. Residence:- College Hostel, with parent or guardian/ any other place give exact location.                            |                   |

24. Marks of preliminary/Plus Two Exam. True copy of the mark list and certificate to be attached.

Marks obtained in the Preliminary/Plus Two Examination

| Subjects    | Marks obtained | Total marks | Minimum for pass |
|-------------|----------------|-------------|------------------|
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
|             |                |             |                  |
| Grand Total |                |             |                  |

Certified that the marks given above are correct

*Signature, Name & Designation of the attesting Officer*

**DECLARATION**

I declare that the particulars given above are correct and that I will, if admitted, abide by the rules of the College

*Signature of pupil*

I do hereby guarantee the good conduct of my ward, the strict observance of the rules of the college and regular payment of all dues to the college and hostel during the course of study.

*Signature of Parent/Guardian*

**FOR OFFICE USE**

|           |  |
|-----------|--|
| Marks     |  |
|           |  |
|           |  |
|           |  |
| Total     |  |
| Deduction |  |
| Ind. Mark |  |
| PRINCIPAL |  |

Admission No:

Course:

Date of Admission:

**PRINCIPAL**