

Admn/Roll No.	(For Office use only)	Application No.
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## ST.MARY'S COLLEGE THRISSUR

Application for admission to

### CERTIFICATE IN RECORDING AND REPORTING

(Community College Scheme)

Name of the Applicant as in SSLC Book				Tick if				(Affix a passport size photograph here)
				Male		Female		
Nationality		Religion and Caste		SC	ST	OEC	OBC	
Permanent Address (with Pin Code)				Address for Communication(with Pin Code)				
Telephone No:				Mobile :				
Email ID:								
Date of Birth				(in words)				
Details of graduation or equivalent examination, marks etc.								
Name of Graduation				No. of Chances		Year( s)of Study		
Total Marks						Reg. No		
Name and Place of Institution								
Month and Year of Passing Higher Secondary/Equivalent Examination.						Percentage:		
Month and Year of Passing S.S.L.C./Equivalent Examination.						Percentage:		

#### Declaration

I declare that the information given in this application are true to the best of my knowledge and I am eligible to seek admission to the Six Months Certificate Course in Recording and Reporting.

Place:

Date:

Signature of the Applicant