

Application No.



## DE PAUL INSTITUTE OF SCIENCE & TECHNOLOGY (DIST)

**DE PAUL NAGAR, ANGAMALY SOUTH - 683 573**  
**TEL: 0484 - 2454336, 2459022 Fax : 0484 - 2454339**

**Application for Admission to the Master of Computer Applications - 20....**  
**(Under Management/Merit/Community/NRI Quota)**

(Affiliated to M.G. University, Kottayam & Approved by AICTE, New Delhi )

(TO BE FILLED IN BY THE APPLICANT)

Affix Recent  
Photograph here  
(Passport Size)

1. Name in Full (BLOCK LETTERS) <input style="width: 100%;" type="text"/>											
2. Permanent Address						3. Address for Communication					
Pin: <input style="width: 100%;" type="text"/>						Pin: <input style="width: 100%;" type="text"/>					
4. Tel. No. with STD Code: <input style="width: 100%;" type="text"/>						Mobile No. <input style="width: 100%;" type="text"/>					
5. E-mail: <input style="width: 100%;" type="text"/>						6. Blood Group: <input style="width: 100%;" type="text"/>					
7. Nationality of the Applicant: <input style="width: 100%;" type="text"/>											
8. Age		9. Date of Birth			10. Place of Birth					11. Sex	
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input style="width: 100%;" type="text"/>					Male/ Female	
12. Religion: <input style="width: 100%;" type="text"/>			13. Caste : <input style="width: 100%;" type="text"/>			14. Category : <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OEC <input type="checkbox"/> General					

### 15. ACADEMIC QUALIFICATIONS

School Attended

MATRICULATION (S.S.L.C. & +2)				
Course	Board	Reg.No. & Year of Passing	% of Marks	
GRADUATION (No. of chances taken for passing.....)				
University	College	Main Subject.....		
		Sub .....		
Details of Marks	Part I English	Part II Addl. Language	Part III Main & Subsidiary (Aggregate)	
Maximum Marks				
Marks Secured				
Percentage				
Reg. No., Month & Year of Passing				

16. Name, Present Address and Occupation of Parent / Guardian (Any contact / Phone No / Mob.)			
17. Statement of Extra- curricular Activities.	a. Proficiency in Games & Sports..... ..... b. NCC/NSS..... (NCC certificate from Director General and NSS certificate issued by the Vice Chancellor) c. Other Extra- curricular Activities, if any.....		
18. Stay in Hostel	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 10px;">Yes</td> <td style="padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
19. Entrance Exam	Reg No: _____ Rank No: _____ Details : _____		

**Declaration by the Applicant**

I do hereby declare that all the facts mentioned in the application are true and correct. I do promise to obey all the rules and directions of the college authorities and to help in maintenance of discipline in the college while I am a student of this college

Place:.....

Date:.....

Signature of the Applicant

**Declaration by the Parent / Guardian**

I solemnly declare that all the facts mentioned in the application for admission submitted by my\*.....  
.....are true to the best of my knowledge and belief and I do hereby undertake that my ward will abide by the rules and decisions of the college authority from time to time.

Signature of Parent / Guardian

\* Here enter the relationship of the guardian to the applicant and name of the applicant.

\* Attested Copies of S.S.L.C., +2 & Degree Mark lists & Certificates should be submitted along with the Application  
\* DD also should be enclosed  
\* Final Year Students can also Apply

**To be Filled in by the Office**

Register No. :	Rank No :
Date of Admission :	Admission No. :
Remarks :	

Principal