



SCOTT CHRISTIAN COLLEGE (AUTONOMOUS)

(Reaccredited with 'A' grade by NAAC)

NAGERCOIL - 629 003

APPLICATION FOR PRE-DOCTORAL PROGRAMME (M.PHIL.) (AIDED 2011-2012)					FULL-TIME / PART-TIME					AFFIX Passport SIZE PHOTOGRAPH								
REGISTRATION DATE & NUMBER				APPLICATION NUMBER ONLINE			Subject											
1. NAME (As in S.S.L.C.)																		
1. (a) EXPANSION OF INITIAL (S)																		
2. DATE OF BIRTH		4. PLACE OF BIRTH & STATE, NATIONALITY		5. MOTHER TONGUE		6. COMMUNITY (Enclose copy of Community Certificate)			CASTE									
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3. SEX M/ F/Transgender						<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 15%;">SC</td> <td style="width: 15%;">ST</td> <td style="width: 15%;">MBC</td> <td style="width: 15%;">DNC</td> <td style="width: 15%;">BC</td> <td style="width: 15%;">OC</td> </tr> </table>			SC	ST	MBC	DNC	BC	OC				
SC	ST	MBC	DNC	BC	OC													
7. RELIGION		CHRISTIAN			HINDU			MUSLIM										
		C.S.I. (Enclose Church Membership Certificate) Diocese : Kanniyakumari / other			OTHERS (Specify)													
		Other Denomination (Specify)																
8. PERSONAL MARKS OF IDENTIFICATION		a.																
		b.																
9. NAME OF FATHER / GUARDIAN (Specify the Relationship)																		
10. NAME OF MOTHER																		
11. (a) PERMANENT ADDRESS						11. (b) PRESENT ADDRESS												
<p>📞 Home :</p> <p>📱 Mobile :</p>						<p>📞 Home :</p> <p>📱 Mobile :</p>												
12. OCCUPATION OF FATHER / GUARDIAN ANNUAL INCOME OFFICE ADDRESS						13. MOTHER'S OCCUPATION ANNUAL INCOME OFFICE ADDRESS												
<p>📞 Office :</p> <p>📱 Mobile :</p>						e-mail :			<p>📞 Office :</p> <p>📱 Mobile :</p>			e-mail :						

14. Academic Performance				
Qualifying Degree & Major (Enclose Mark Sheet/s)	College / University	Register Number & Year of Passing	Marks Scored / Total	Class / Percentage

Position Held	Teaching / Research	Period	Subject Taught / Nature of Research Undertaken

15 Declaration of the Applicant

I declare that the particulars given above are true and correct. I shall abide by the rules and regulations of the College and the University.

Date

Signature of the Applicant

16 Undertaking of the Parent / Guardian

I declare that the particulars given above are true and correct. The applicant who is my son / daughter / ward will abide by the rules and regulations of the College and the University.

Date

Signature of the Parent / Guardian

ADMISSION OFFICE

CERTIFICATES (ORIGINALS) RECEIVED 1. Qualifying Degree Certificate 2. Mark Sheets 3. Transfer Certificate 4. Conduct Certificate 5. Community Certificate 6. C.S.I. Membership certificate 7. Others, if any	Certificates verified by	
	Member of Faculty	Faculty Head
ADMITTED		
Section Head	Superintendent	Date
		PRINCIPAL

1. Send a photocopy of the completed Application Form to The Registrar, Manonmaniam Sundaranar University, Thirunelveli - 627 012.
2. If your Qualifying Degree is from another University, you should obtain an Eligibility Certificate from The Controller of Examinations, Manonmaniam Sundaranar University, whose decision shall be final and abiding.
3. Your admission until such time will be provisional and at your own risk.