ARIGNAR ANNA INSTITUTE OF
MANAGEMENT STUDIES & COMPUTER APPLICATIONS
(Approved by the AICTE and affiliated of University of Madras)
AN ISO 9001:2000 CERTIFIED INSTITUTION

MANAGED BY: SRI DEVI KARUMARI AMMAN EDUCATIONAL TRUST(Regd.)
Pennalur , Sriperumbudur,Chennai– 602 105. Phone:044-27162344
Administrative Office: 5, Chellammal Complex, Janaki Nagar,Arcot Road , Valasaravakkam.
Chennai- 600 087. Tamil Nadu. Phone :044- 43552676. Fax:044- 43552938

APPLICATION FOR ADMISSION

1. Candidates are advised to read the prospectus carefully before filling the form
2. Applications not complete in all respects would be summarily rejected .
3. Equivocal or evasive answers to any of the queries will lead to rejection of the application.
4. Duly filled in applications should be sent to the administrative office by registered post or should be handed over in person so as to reach our office on or before the specified due dates(Please check)
5. All communications should be addressed to the chairman quoting the register number and mailed to the above address.
6. This application form is valid only for the candidate as registered under the above number.
7. Registration of the candidates does not automatically guarantee admission.

College:……. Course:…….

1. Name in Full: ……
2. Name of Parent/Guardian: …….
3. Address of the Communication: ……
……
……
……
…… Phone…….

4. Sex: …….
5. Do you Belong to rural area: ……
6. Marital Status: …….
7. Date of Birth:…… Age: ……..
8. Nationality: ……
9. Religion: ……
10. Mother Tongue: …….
11. Community : …… OC BC MBC SC ST
12. Extra Curricular Activities: ……

SCHOLASTIC INFORMATION
STD XII

RegNo ……. Year: …….Attempts: …….. Board Of Examinations: ……..
Institution:……..

SUBJECT						
PERCENTAGE						

DEGREE :……

RegNo ……Year: ……. Attempts: …….. Board Of Examinations: ……..
Institution:……..

SUBJECT						
PERCENTAGE						

Overall Percentage: ……..
You are requested to fill-up the enclosed form for eligibility purpose

JOINT DECLARATION BY CANDIDATE AND PARANT/GUARDIAN

I……hereby affirm that the particulars given in the application are true and correct. If it is proved at any stage that there is any suppression , distortion or incorrect and false statement of the particulars, I hereby agree to be proceed against legally , even leading to my dismissal from the institution / hostel and would also be liable to make good any loss that may be caused duo to convert or overt action and I also agree that I would lose all rights and claim consequently whatsoever. I further state that I shall not partake in any strike , demonstration and political activity.

Place: Date: **Signature of the candidate**

I …….. Parent / Guardian, do hereby declare that all information given therein are true and correct. I stand guarantee for the good conduct of my ward during the course of his / her study and stay in the hostel. I authorize the institution to initiate disciplinary action against my ward for violation of any of the rules and regulations. I also promise to compensate that may have been caused by my ward due to his/ her conduct.

Date: **Signature of the Parent / Guardian**

Place:

FOR OFFICE USE ONLY

Verification of Particulars	Name	Signature	Date
1.Community OC/BC/MBC/SC/ST			
2.Name,Reg.No.,Age Date of birth			
3.Elibidility Requirements			
4.Other Certificates			
5.Interview Conducted by			

ADMINSSION APPROVED /NOT APPROVED **Signature of Head of the Institution……..**

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