



VEDAVYASA COLLEGE OF ARCHITECTURE

APPROVED BY GOVT. OF KERALA, COUNCIL OF ARCHITECTURE AND AFFILIATED TO UNIVERSITY OF CALICUT.

KARADPARAMBA P.O, RAMANATTUKARA, 16KMS FROM CALICUT RAILWAY STATION

Sl.No

Fix passport size photograph here while submitting this application for admission

APPLICATION FORM FOR ADMISSION

(Fill the data in Capital letters only. One letter in each box. Leave one box blank between words)

Admission Category Govt. Quata Management NRI

Course Applied B.Arch M. Arch

01. Name of Applicant (As in SSLC) [Grid]

03. Date of Birt [Grid] 04. Tel. No. [Grid] Code [Grid] Tel No. [Grid]

05. Permanant Address

House Name / No [Grid] Palce. [Grid]

Post [Grid] (Via) [Grid]

District [Grid] Pin [Grid]

06. Nationality [Grid] State of Domicile [Grid]

07. Name of Father (As in SSLC) [Grid]

08. Name of Guardian [Grid] Annual Income [Grid]

09. Relationship [Grid] 10. Occupation of Guardian [Grid]

11. Official Address of the Guardian, If in Service [Grid]

12. Caste [Grid] 13. Religion [Grid]

14. Whether SC/ST [Yes/No] [Grid] 15. If SC/ST, Specify the community [Grid]

16. Details of Educational Qualification

SL.No	Qualification	% of Mark Obtained	Year of Passing
01.	SSLC	[Grid]	[Grid]
02.	Plus Two	[Grid]	[Grid]
03.	[Grid]	[Grid]	[Grid]
04.	[Grid]	[Grid]	[Grid]

17. Details of Qualifying Examination (mark in the concerned boxes)

SSLC SSE VHSE
 SSSE HSE

Signature of the Applicant

18. Details of Marks obtained for plus two:

Subject	Marks Obtained	Maximum Mark	Percentage
Maths			
Mark secured for all subjects put together			

19. Details of NATA Score

Register No.(Roll NO.)	Score Obtained	maximum Score
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20. Address of the Institution Last Studied.

DECLARATION OF THE APPLICANT

I.....S/D of Sri./Smt.....
 hereby solemnly & sincerely declare that the informations durnished above therein is later found tobe untrue, I am liable to criminal proscution and also agreed to forgo any seat. I also declare that I will obey all the rules and regulations of the institution and that I will not damage any od the institutional properties individually or collectively. If it happens I promise that the damage will be compensated by me. I also promise that if I discontinue the course I will pay the fees for the entire course in full and that will not claim the fee already paid as per the Govt. order

Place:

Date:

Signature of the Applicant

DECLARATION OF THE GUARDIAN

I..... Father / Mother / Guardian of Sri./Smt.....
 hereby solemnly declare that my ward will be made to obey all the rules and regulations of the institution and that will be personally responsible to see that my ward adheres to the conditions in above declaration

Place:

Date

Signature of the Guardian

FOR OFFICE USE

Application Recieved on	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Admitted on	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Regn No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Course & Branch	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Memo Card No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Admission No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Interview on	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Original Certificated Recieved	<input type="checkbox"/> SSLC	<input type="checkbox"/> Plus Two	<input type="checkbox"/> U.G.Certificate
	<input type="checkbox"/> TC	<input type="checkbox"/> Others If any	<input type="checkbox"/> U.G. Marklist

List of Original Certificates received by the Students

Date of Application	Description of Certificate	Certificate No.	Date of Receipt of Certificate	Signate of the Students	Signate of the principal