

MASS COLLEGE OF EDUCATION

AFFLIATED TO TAMILNADU TEACHERS EDUCATION UNIVERSITY
CHENNAI SALAI, KALLAPULIYUR (PO), KUMBAKONAM - 612 501.

APPLICATION FORM FOR ADMISSION TO M.Ed.,

	Accredited by NAAC With 'B' G	rade
(To be filled in Block Letters)	YEAR 20 - 20	SUBJECT:
Name with Initials (as it appears in Certificate)		Application No:
Date of Birth	Sex: Male Female	STRICTLY FOR OFFICE USE ONLY
Caste	SC ST BC MBC Other	Course :
Religion		Roll No
Nationality		Marks: (in%)
Mother Tongue		
Father's /Guardian's Name		
Relationship of Guardian		
Occupation	(4)	Affix Latest, Passport Size
Annual Income		Colour Photo
Father's / Guardian's Phone No. (STD Code)	Home: Off:	
Mother's Name		
Occupation		
Annual Income		
Mother's Phone No. (with STD Code / Cell No:)		
Home Address		
for Communication		*
).	
Permanent Address (if different from above)		
Local Contact Person (Local Kumbakonam if any)	Name :	
	Phone :	

The second secon	CONTRACTOR OF THE PROPERTY OF	JALIFICATIONS ttested copy to be		No.of	Attempt :		
Name and Address of the College			1	Degree & Maj	Class	% of Marks	
						* 1 12 2	
Entrance Exam	No.	Date :		Available and the Paul Paul Paul Paul Paul Paul Paul Paul			
	ion of University:	5010					
Enclose attested Xerox Copies of Mark Sheets							
Sports / Games Proficiency (Attach Certificates)			Extra Curricular Activities (Attach Certificates)				
DECLARATION							
I,Son / Daughter ofdo hereby declare that the above information are true as per original record available with me and I							
submit that I consent to any disciplinary action that the management of MASS COLLEGE OF							
		nt that any informa essed. In submittii					
fully aware of ti	ne Rules and Regi	ulations of the colle	ege and I	strictly adhe	re to follow the	e same.	
Place :	Place : Date : Signature of the Student						
		n of Mr / Miss / Ma by the declaration					
		/ daughter / ward o					
which he / she h	nas been admitted.						
Place :		Date :		Signatu	re of the Parent /	Guardian	
FOR OFFICE U	SE ONLY						
Certificates							
verified by	Receipt No/Date	Admitted On hold & to contact on Not considered					
		Principal / Director/	Other Aut	thority	Signature	Date	
Remarks if any							