

SAFI INSTITUTE OF ADVANCED STUDY (SIAS)

Rasia Nagar, Vazhayoor East P.O, Via Ramanattukara

PIN – 673633, Phone : 0483- 2833688, 2833594

Email : siasmails@gmail.com , Website : www.siasindia.org

Application for Admission to B.Sc. / B.Com / BA / BBA / BCA Degree Programme

Note : Read the prospectus and instructions carefully before filling in
Make all entries in BLOCK LETTERS. Tick appropriate boxes wherever applicable.

Name of the Programme applied for : B.Sc. Microbiology B.Sc. Biotechnology

(Indicate the order of choice
1,2,3 in the boxes)

B.Com BBA

B.A. Economics BCA

Indicate Choice of Language
under part II

Malayalam Arabic Hindi

Photo

A. PERSONAL PARTICULARS

| | | |
|------|---|--|
| 1 | Name of the applicant (as in SSLC or equivalent certificate) | |
| 2 | Postal address for communication Tel. No. with STD code & Email address | |
| 3 | Permanent address Tel. No. with STD code | |
| 4. | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 5 | Nationality | |
| 6 | Age (years) and Date of birth (as in SSLC book/equivalent certificate) | <input type="text"/> <input type="text"/> Age <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 7 | Place of Birth | |
| 8 | Religion with caste –SC/ST/OEC/OBC | |
| 9 a. | Name of parent or guardian | |
| b. | Relationship with the applicant | |
| c. | Permanent address of the parent or guardian | |
| d. | Phone No. with STD code | |
| e. | Email address | |
| f. | Occupation of the parent or guardian | |
| g. | Annual income of the parent or guardian | |
| 10 | Do you require hostel admission | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. QUALIFYING EXAMINATION PASSED

Name of the University/Board Reg. No..... Year

Marks obtained

| Language / Subject | Marks scored | Maximum Marks | Grades | % of Marks |
|----------------------------------|--------------|---------------|--------|------------|
| 1 st Language English | | | | |
| 2 nd Language () | | | | |
| Subject – 1 () | | | | |
| Subject – 2 () | | | | |
| Subject – 3 () | | | | |
| Subject – 4 () | | | | |
| Total | | | | |

Certified that the marks given above are true as per the original. Attested by:

Signature :

Name :

(Office Seal)

Designation :

C. DETAILS OF APPLICATION FEE REMITTED

Mode of payment :

Cash Receipt No. & date :

DD DD No., Name of the bank and date :

DECLARATION

I, solemnly affirm that the information given by me above is true. If admitted to the programme, I agree to abide by the rules and regulations of the Institute.

Signature of the applicant

Signature of the Parent/Guardian

For Office Use Only

Admitted to (name of the programme). Date :

Batch no.:

Admission no.:

Signature of the Office Asst.

Signature of the Principal