

**APPLICATION FOR M.C.A**

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>	Student Photograph	<input type="text"/> Photo
Full Name (As per SSC Certificate)	<input type="text"/>		
Application Submission date	<input type="text"/>		
University Region	<input type="text"/>	Is Local	<input type="radio"/> Yes <input type="radio"/> No
Admission Category	<input type="text"/>	Admission Mode	<input type="text"/>
Program	<input type="text"/>		

**Entrance Exam Details**

Entrance Exam	Hall Ticket Number	Marks Scored	Rank or Percentile
ICET			

**PERSONAL DETAILS**

Date of Birth	<input type="text"/>	Blood Group	<input type="text"/>
Gender	<input type="text"/>	Religion	<input type="text"/>
Nationality	<input type="text"/>	Residence Category	<input type="text"/>
Student Mobile Number	<input type="text"/>	Student Email id	<input type="text"/>
Family Annual Income	<input type="text"/>	Caste Category	<input type="text"/>
Caste	<input type="text"/>	Home Telephone	<input type="text"/> <input type="text"/>
Identification	<input type="text"/>	Identification	<input type="text"/>

Mark **1**

Mark **2**

Are you Physically Challenged?  Yes  No

**PARENTS' DETAILS**

Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>
Father's Occupation	<input type="text"/>	Mother's Occupation	<input type="text"/>
Father's Education Level	<input type="text"/>	Mother's Education Level	<input type="text"/>
Parents' Primary Mobile	<input type="text"/>	Parents' Secondary Mobile	<input type="text"/>
Parents' Primary Email	<input type="text"/>	Parents' Secondary Email	<input type="text"/>

**GUARDIANS' DETAILS**

Full Name	<input type="text"/>	Relation Type	<input type="text"/>
Primary Contact No	<input type="text"/>	Secondary Contact No	<input type="text"/>
Primary Email	<input type="text"/>	Secondary Email	<input type="text"/>
Education Level	<input type="text"/>	Occupation	<input type="text"/>

**STUDENT IDENTITY PROOFS**

ID Proof	ID Proof No
PAN CARD	
Driving License	
Aadhar Card	
Passport	
Voter Card	
Ration Card	

## STUDENT PERMANENT ADDRESS

House Number	<input type="text"/>	Street/Landmark	<input type="text"/>
Village/City/Town	<input type="text"/>	Mandal	<input type="text"/>
Pin Code	<input type="text"/>	Country	<input type="text"/>
State	<input type="text"/>	District	<input type="text"/>

## STUDENT ADDRESS FOR COMMUNICATION

**SAME AS ABOVE**    Yes    No

House Number	<input type="text"/>	Street/Landmark	<input type="text"/>
Village/City/Town	<input type="text"/>	Mandal	<input type="text"/>
Pin Code	<input type="text"/>	Country	<input type="text"/>
State	<input type="text"/>	District	<input type="text"/>

## EDUCATION DETAILS

Sl. NO	Program	Board University	Inst. Name	Inst. Add.	Spec.	From Date	To Date	Local /Non Local	University Region	Hall Ticket Number	Cert. ID	GPA	Group Marks Obt.	Group Total Maximum Marks	Group Percentage of Marks	Total Marks Obtained	Total Maximum Marks	Percentage of Marks
1	SSC																	
2	Inter																	
3	Degree																	

**FACILITIES & PREFERENCES**

Eligible for Fee Reimbursement  Yes  No

Is Transport Required?  Yes  No

Is Hostel Required  Yes  No

**DETAILS OF RELATIVES WORKING IN SREE VIDYANIKETHAN EDUCATIONAL INSTITUTIONS**

Organization	<input type="text"/>	Relationship Type	<input type="text"/>
Reference No	<input type="text"/>	Reference Name	<input type="text"/>
Remarks	<input type="text"/>		

**PARTICULARS OF SIBLINGS STUDYING IN SREE VIDYANIKETHAN EDUCATIONAL INSTITUTIONS**

Organization	<input type="text"/>	Relationship Type	<input type="text"/>
Reference No	<input type="text"/>	Reference Name	<input type="text"/>
Remarks	<input type="text"/>		

**HOBBIES & INTERESTS**

Goals	<input type="text"/>
Hobbies	<input type="text"/>
Strengths	<input type="text"/>
Weaknesses	<input type="text"/>
Interested Sports	<input type="text"/>

