



GOVERNMENT OF PUDUCHERRY
**KANCHI MAMUNIVAR GOVERNMENT INSTITUTE FOR POSTGRADUATE
 STUDIES AND RESEARCH (AUTONOMOUS)**
COLLEGE WITH POTENTIAL FOR EXCELLENCE
 (Re-Accredited by NAAC with B++ Grade, 49th Position in All India Ranking NIRF
 (Affiliated to Pondicherry University)
 AIRPORT ROAD, LAWSPET, PUDUCHERRY-605 008

Affix stamp
size photo
here.

STUDENT BIO-DATA FORM

Application No. : Course for which applied : **M.A. / M.Sc. / M.Com. / M.T.T.M.**

Subject for which applied :

Allotted Round : 1st 2nd 3rd MOP-UP
 (Please TICK the appropriate box)

Allotment Category : OM RM OBC MBC SC ST
 (Please TICK the appropriate box) BCM EBC BT Physically Challenged

Meritorious Sports Person FF Ex-Ser.

- 1. Name (IN BLOCK LETTERS) :
- 2. Father's Name : Occupation :
- Mother's Name : Occupation :
- 3. Male / Female : Male Female
 (Please TICK the appropriate box)
- 4. Annual Income of Parent(s) : ₹
- 5. Address for Communication :
 (IN BLOCK LETTERS)

PIN Code No.:

Phone / Mobile No.

6. Educational Qualification : UG : University Name :
 UG, College Name :

7. Date of Birth : Nationality :

8. Percentage of U.G. Marks : Main subject only : All subject :

9. Religion : Hindu Christian Muslim Others
 (Please TICK the appropriate box)

10. Mother Tongue :

11. Residential status : Resident Non-resident Name of the Place :
 (Please TICK the appropriate box)

12. Community :

13. Blood Group :

14. Aadhaar Card No. :

15. Student Mail ID :

16. Eligibility of Scholarship : SC / Post Matric / Others

17. Extra Curricular activities :

Signature of the Candidate

ANNEXURE—1

AFFIDAVIT BY THE STUDENT

1. I, (full name of student with admission/registration/enrolment number) Son / Daughter of Mr. / Mrs. / Ms. having been admitted to Kanchi Mamunivar Government Institute for Postgraduate Studies, Puducherry, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
 2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
 3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
 4. I hereby solemnly aver and undertake that—
 - (a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - (b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
 5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
 6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- Declared this day of month of year.

Signature of Deponent

Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of.....(month),.....(year).

Signature of Deponent

Solemnly affirmed and signed in my presence on this the.....(day) of.....(month),.....(year) after reading the contents of this affidavit.

Oath Commissioner

ANNEXURE—II

AFFIDAVIT BY PARENT / GUARDIAN

1. I, Mr. / Mrs. / Ms. (full name of parent / guardian)
Father / Mother / Guardian of
(full name of Student with admission / registration/enrolment number), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that—
 - (a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - (b) My ward will not participate in or abet or participate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this day of month of year.

Signature of Deponent

Name :

Address :

Telephone / Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month).....(year)

Signature of Deponent

Solemnly affirmed and signed in my presence on this the.....(day) of(month),.....(year) after reading the contents of this affidavit.

Oath Commissioner

DECLARATION /UNDERTAKING BY THE STUDENT

I, Mr. /Ms.,who has been provisionally selected for admission into the Postgraduate course in the Department of in KMGIPSR, Puducherry do hereby undertake on (DD/MM/YY) the following:

1. I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.
2. I hereby undertake to present the original documents / certificates for admission immediately upon demand by the authorities concerned of the Institute.
3. I further declare that my admission may be cancelled, at any stage, if I am found ineligible and / or the information provided by me are found to be incorrect.
4. I hereby declare that I am fully aware that my admission is provisional and provisional admission can be cancelled if I fail to meet the minimum eligibility criteria set by KMGIPSR, Puducherry
5. I hereby declare that I will inform the Institute about changes, if any, in the address and mobile phone number etc submitted by me, in the Application Form, from time to time.

Signature of the Student

Station:

Date:

DECLARATION BY PARENT / GUARDIAN

I, Mr. / Ms (Mother / Father / Guardian), who is a permanent resident of

.....do hereby fully endorse the undertaking / declaration given by my son / daughter /ward. And I will endeavour to induce my son / daughter /ward to do his/her best to observe the stated undertaking in letter and spirit.

Signature of Parent / Guardian

Place:

Date:

INDIAN BANK

ACCOUNT No. 6363799084

Lawsipet Branch, Puducherry - 605 008

**KANCHI MAMUNIVAR GOVERNMENT INSTITUTE FOR
POSTGRADUATE STUDIES AND RESEARCH**

(To be used for non refundable payments only)

Date :

Name :

Course :

Subject :

Admission Year : Current year : 1st / 2nd / 3rd Year

Registration No. : Amount in

Academic Fees

Tuition Fees :

Other Fees (Please Specify)

Examination Fees

Exam Fee (Total Credit)

Provisional / Degree Certificate

Other Fees (Please Specify)

Advance Refund (Please Specify)

Other Receipts (Please Specify)

Total

(Rupees

..... Only.)

Applicant Signature

Staff

Manager

Cell No. :

INDIAN BANK

ACCOUNT No. 6363799084

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Advance Refund (Please Specify)

Other Receipts (Please Specify)

Total

(Rupees

..... Only.)

Applicant Signature

Staff

Manager

Cell No. :