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ONLINE COURSE APPLICATION FORM

Enroll No:

Course Name:

DBCS

Session:

4 to 5 PM

Name Mr. / Mrs. / Ms.  
(USE CAPITAL LETTERS)

K · S I V A R A N G A N A T H A N

Father's / Husband's / Guardian's Name : P. KRISHWAN

Occupation of Father / Husband / Guardian : WEAVING

Date of Birth : 26.03.2001 Age : 19 Gender : Male  
(Male / Female)

Educational Qualification : BSC - Mathematics Religion : HINDU

Caste Category : BC Caste : Yadhava  
[ OC / BC / MBC / SC / ST / OTHERS ]

Occupation : STUDENT  
[ Student / House Wife / Employed / Un Employed / Business / Retired / Others ]

College / School / Concern Name : MUTHAYAMMAL COLLEGE OF ARTS and SCIENCE

Address : 74/4 VALLALAR KOVIL STREET

RASIPURAM

NAMAKKAL

Pin code : 637408

Mobile 1 : 8526674773 Mobile 2 : 904316167316  
[ Optional ]

Email ID : Siva263@gmail.com

WhatsApp No: 8526674773

#### Declaration

I here by agree that, in case I am admitted, I shall pay in full fees prescribed in the latest prospectus and any fees that may be paid by me is not refundable or not transferable under any circumstances.

Date : 07.08.2020 Time : 10 AM Signature : K.Siva

#### For Office Use Only

Total Fee : ..... Mode of Payment : .....  
Class Time: ..... Instructor Allotted : .....  
Online Course Approved By : .....