

UNIVERSITY OF CALICUT INSTITUTE OF TRIBAL STUDIES AND RESEARCH

Passport size photograph to be affixed here

Chethalayam, Sulthan Bathery, Wayanad, Kerala 673592 Phone: 04936 238500 Email: itsr@uoc.ac.in

Application Form for Admission to Residential MA Sociology Programme

| CAP (Centralized Admission Process) ID | | | | |
|--|------|---------------------------------|----------|--|
| Name of the Candidate (in block letters) | | | | |
| Permanent Address | | Address for Communication | | |
| | | | | |
| PIN: | | PIN: | | |
| Gender | | Email: | | |
| Age & Date of Birth | | Nationality | | |
| Name of Parent | | Occupation of I | Parent | |
| Annual Income | | Religion and Ca | Caste | |
| Adhaar Number: | | Marital Status: | : | |
| Mobile Number: 1) 2) | | Whether differently able or not | | |
| Have you completed any post graduate programme? YES/NO | | If yes provide details: | | |
| NSS/ NCC/ Sports etc. (Attach Self Attested Copies of Certificates) | | | | |
| Additional Information if any | | | | |
| Educational Qualifications (Attach self attested copies of certificates) | | | | |
| | SSLC | | Plus Two | |
| Name of the Board | | | | |
| Register Number | | | | |
| Month and Year of Pass | | | | |

| Details of the Qual | ifying Examination (Atta | ch self attested copies of ma | ark list and certificate) |
|----------------------------------|---|-------------------------------|--|
| Degree Type | BA/BSc/BCom | University | |
| Register Number | | Subject | |
| No of Appearance | | Year of Pass | |
| Mark/Grade System | | Main Type | Single/ Double |
| | Mark | s Obtained | |
| | Paper / Subject | CGPA | Percentage of CGPA |
| Language I/ Common Course I | English | | |
| Language II/ Common Course II | | | |
| Core I/Main I | | | |
| Complementary I/ Sub I | | | |
| Complementary II/ Sub II | | | |
| Open Course | | | |
| OVERALL | | | |
| | De | claration | |
| | | - | lars furnished above are true to regulations of the institute and |
| Place : Date : | Name and Signature of the Applicant Name and Signature of the Parent/ Guardian | | |
| | For Of | fice Use Only | |
| Application No. | 2 32 02 | Rank | |
| TC Number and Date | | Admission Number | |
| Remarks | | l | |