



APS COLLEGE

Appl. No.

Opp. Indian Express House, Kaloor,
Kochi-682017, Kerala State.
Land Line: 0484-2402421 /31,
Mobile: 7025428980
www.apsschooloflogistics.com

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Application for Admission to _____ Course 20__ 20__

1. Name in full (in BLOCK LETTERS)

Expansion of initials if any
Day Month Year

2. Age & Date of birth

Place of birth & Nationality

3. Native of Kerala State, if 'no', where

4. Religion & Denomination

5. Specify name of Community

6. State whether SC/ST/OEC/OBC

7. Name & Occupation of Parent / Guardian

Relationship of Parent / Guardian to the Student

8. Permanent & Present Address of Parent/ Guardian , Phone No. & E-mail ID

9. Name of Mother

10. Institution last attended with year & month of passing

11.

- a. Qualifying Exam
- b. Percentage of Marks
- c. University

12. Student needs Hostel Accommodation

Yes No

If a hosteller give name and address of local Guardian with Phone No. and relationship

I do hereby declare that all the facts stated in this application are true and correct. I do promise to abide by all the rules and regulations of the college and to help in the maintenance of discipline in the college while I am a student of the college. Once I am enrolled in the course, I declare that I shall continue to attend and pay the fee as mentioned in the specific fee structure.

Date..... Signature of the applicant

I solemnly declare that all the facts in the application for admission submitted by my *..... are true to the best of my knowledge and belief and I hereby undertake that my ward will abide by the rules and directions of the college authorities.

Date..... Signature of the Parent / Guardian

*Here enter the relationship of the applicant with the guardian and the name of the applicant.

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