



DIVINE INSTITUTE OF MEDIA SCIENCE

Affiliated to Calicut University

Application No.

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(Passport Size)

(Management / Merit Admission)

Divine Nagar, Muringoor P.O, Chalakudy, Thrissur - 680 309

Mobile No: +91 9847700893, +91 8848670044

Affiliated to University of Calicut

Application for U. G. Course _____ 20_____

(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS)

STUDENT DETAILS:

1. Name in Full									
2. Permanent Address:					3. Address for Communication:				
Village:									
Taluk:		Pin code:			Pin code:				
4. Mobile No.			5. Email						
6. Aadhar No.			7. Place of Birth						
8. Nationality		9. Blood Group:		10. Age :		11. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
12. Religion			13. Date of Birth:						
14. Caste			15. Category		SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	OEC <input type="checkbox"/>	GENERAL <input type="checkbox"/>

ACADEMIC QUALIFICATIONS:

16. Matriculation(SSLC):		Year of Passing		Grade		% of Marks		No. of Chances	
Board:		Reg. No.:		School:		Regular <input type="checkbox"/> / Open <input type="checkbox"/>			
Details of Marks Awarded in the Plus Two Examination :		Year of Passing		% of Marks		No. of Chances		Place:	
Board:		Reg. No.:		School:		Regular <input type="checkbox"/> / Open <input type="checkbox"/>			
Subjects		Mark	Grade	Maximum	Percentage	For Office Use Only			
PART I English						PART III Options			
PART II Language						Weightage Subject(s)			
PART III Div. (options)						Weightage NCC / NSS			
1.....						Weightage Ex. Service			
2.....						Deduct Handicap Marks			
3.....						Total Index Mark			
4.....									
Total									

Centralized Allotment		Allotment No.		Allotment Date	
Details (if Applicable only)		Rank No.		Category.	

19. Other Qualifications, if any				
Course	Institution	Place	Duration	Grade / Mark

EXTRA-CURRICULAR ACTIVITIES:

20.a) Proficiency in Games & Sports (If any)		Indicates the level: <input type="checkbox"/> District <input type="checkbox"/> State <input type="checkbox"/> National		
b) <input type="checkbox"/> NCC / <input type="checkbox"/> NSS		(NCC Certificate from Director General and NSS certificate issued by the Vice Chancellor to be attached)		
c) Social Welfare Work		d) Other EC Activities		

PARENT / GUARDIAN DETAILS:

	Name	Occupation	Mobile & Resi. No	E-Mail
21. Father				
22. Mother				

23. Local Guardian:	(If applicable only) specify relationship:-			
Name of Guardian	Address	Mobile & Resi. No	E-Mail	

24. Annual Income of the parents		25. Is Hostel Accommodation Needed: <input type="checkbox"/> YES / <input type="checkbox"/> NO
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26. Your Preference for II nd Language:	
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27. How did you know about DIMS ?	<input type="checkbox"/> Friends/Relatives	<input type="checkbox"/> Newspaper/Magazines	<input type="checkbox"/> Display boards	<input type="checkbox"/> Internet	<input type="checkbox"/> Other
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DECLARATION BY THE APPLICANT

I do hereby declare that all the facts mentioned in the application are true and correct. I do promise to comply with all the rules and regulations of the college and the directions of the college authorities from time to time and to help in the maintenance of discipline in the college while, I am a student of this college.

Name & Signature of the Applicant

Place:

Date :

DECLARATION BY THE PARENT / GUARDIAN

I solemnly declare that all the facts mentioned in the application for admission submitted by My (Relation with applicant & Applicant Name) _____ Are true to the best of my knowledge and belief of the college authorities from time to time.

Name & Signature of the Parent/Guardian

Place:

Date :

Please Note:

1. Attested Copies of SSLC & Plus Two Mark Statements & Certificates Should Be Submitted along with the Application.
2. Filled in Application Should reach the college office on or before:
3. All the original Mark Statements should be submitted to the college at the time of admission.

For Office Use Only				
Register No.:		Rank No.:		
Admission No.:	Type of Admission:		Date of Admission:	
Remarks:				

Principal