

Application No.



# DE PAUL INSTITUTE OF SCIENCE & TECHNOLOGY (DIST)

**ISO 9001 : 2008 Certified**

**DE PAUL NAGAR, ANGAMALY SOUTH - 683 573**  
**TEL: 0484 - 2454336, 2459022 Fax : 0484 - 2454339**

**Application for MCJ (Master of Communication & Journalism) - 20....**  
**(Under Management/Merit/Community/NRI Quota)**  
 (Affiliated to M.G. University, Kottayam & Approved by AICTE, New Delhi )  
 (TO BE FILLED IN BY THE APPLICANT)

Affix Recent  
 Photograph here  
 (Passport Size)

1. Name in Full (BLOCK LETTERS) <input style="width:100%;" type="text"/>											
2. Permanent Address						3. Address for Communication					
Pin: <input style="width:100%;" type="text"/>						Pin: <input style="width:100%;" type="text"/>					
4. Tel. No. with STD Code: <input style="width:100%;" type="text"/>						Mobile No. <input style="width:100%;" type="text"/>					
5. E-mail: <input style="width:100%;" type="text"/>						6. Blood Group: <input style="width:100%;" type="text"/>					
7. Nationality of the Applicant: <input style="width:100%;" type="text"/>											
8. Age		9. Date of Birth			10. Place of Birth					11. Sex	
<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>								Male/ Female	
12. Religion: <input style="width:100%;" type="text"/>			13. Caste : <input style="width:100%;" type="text"/>			14. Category : <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OEC <input type="checkbox"/> General					

## 15. ACADEMIC QUALIFICATIONS

MATRICULATION (S.S.L.C. & +2)				
Course	Board	Reg.No. & Year of Passing	% of Marks	Name & Place of School

GRADUATION (No. of chances taken for passing.....)				
University	College		Main Subject.....	
			Sub .....	
Details of Marks	Part I English	Part II Addl. Language	Part III Main & Subsidiary (Aggregate)	
Maximum Marks				
Marks Secured				
Percentage				
Reg. No., Month & Year of Passing				

DIPLOMA (Branch : .....		
Institution	Place	Main Subject.....
		Sub .....
Other Details		

Application No. <input style="width:100%;" type="text"/>	<b>(DIST) - ANGAMALY</b> DE PAUL NAGAR, ANGAMALY SOUTH - 683 573	Reg.No: <input style="width:100%;" type="text"/>
<b>INTERVIEW - HALL TICKET</b> (FILL IN CAPITAL LETTERS)		
* NAME IN FULL..... * ADDRESS..... DATE OF ENTRANCE TEST/GD..... TIME..... PLACE OF TEST..... * To be filled in by the Candidate		
Please Affix Passport Size Photograph here		

16.Name, Address, Relationship and Occupation of Guardian /Parent (Land Tel. No. / Mobile No.) Email :			
17.Statement of Extra- Curricular Activities.	a. Proficiency in Games & Sports..... ..... b. NCC/NSS..... (NCC certificate from Director General and NSS certificate issued by the Vice Chancellor) c. Other Extra- Curricular Activities, if any.....		
18.Stay in Hostel	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
19. Centralised Allotment Details	Allotment No : Allotment Date : Rank No : Category :		

**Declaration by the Applicant**

I do here by declare that all the facts entered in the application are true and correct. I do promise to obey all the rules and directions of the college authorities and help to maintain the discipline of the college while I am a student of this college.

Place:.....

Date:.....

Signature of the Applicant

**Declaration by the Parent / Guardian**

I solemnly declare that all the facts entered in the application for admission submitted by my\* .....  
.....are true to the best of my knowledge and belief and I do here by undertake that my ward will abide by the rules and decisions of the college authority from time to time.

Signature of Parent / Guardian

\* Here enter the relationship of the guardian to the applicant and name of the applicant.

* Attested Copies of S.S.L.C., +2 & Degree Mark lists & Certificates should be submitted along with the Application * Final Year Students can also Apply
---

**To be Filled in by the Office**

Register No. :	Rank No :
Date of Admission :	Admission No. :
Remarks :	Principal

**DE PAUL INSTITUTE OF SCIENCE & TECHNOLOGY (DIST)**

An ISO 9001:2008 Certified

( Run by Vincentian Fathers)

*(Affiliated to M.G. University, Kottayam & Approved by AICTE New Delhi)*

**DE PAUL NAGAR, ANGAMALY SOUTH- 683 573**

Phone: 0484 - 2454336, 2459022 Fax : 0484 - 2454339

E-mail : mail@depaul.edu.in

Web : www.depaul.edu.in / www.dist.ac.in

**Our Payback is the Professional Excellence of Our Students**