(Approved by CoA & AICTE, New Delhi)



Pollachi Main Road, Eachanari Post, Coimbatore - 641 021 | Ph: +91 422 2980011, 12, 13, 14 info@kahedu.edu.in | www.kahedu.edu.in

1.Programme Applied :	B.Arch.	M.Arch. Advanced Design	
			e a recent passport ize photograph
3. Name of the Parent/C and Permanent Addre (in BLOCK letters)			O NOT STAPLE
For office use only			
		PIN Code:	
		Address for Communication :	
		PIN Code:	
Mobile No. (Parent) 1	l:	2:	
Mobile No. (Student)	:		
E-mail ID.	:		
4. Gender (✓)	: Male	Female Transgender 5. Blood Group:	
6. Date of Birth	:	7. Age :ate Month Year	
8. Aadhaar Number	:		
9. Mother Tongue	:		



10. Nationa	ality	:						
11. State (✓)	:	Tamil Nadu		Others			
12. Religion	1	:						
	nunity (Attested by should be enclosed)	:	OC / BC / BC	(M) / MBC /	DNC / SC / SC (A) /	ST (Write in	the box)	
b) Namo	e of the Caste	:						
c) SI. No Certifi	. of the Community cate	:						
14. Person	with disability (✓)	:	Yes		If yes attach medical cuthorized authority)	ertificate iss	ued from	
	s Occupation ice Address (If any)	:						
Office F	Phone No.	:						
16. Annual	16. Annual Income :							
17. Extra Curricular activities*(✓): SPORTS NCC SOCIAL SERVICE OTHERS								
* Mention in detail :								
(Please mention if any of the following facilities is required)								
18. Hostel facility (✓) : Yes No 19. Bus facility (✓) : Yes No								
20. Academic Performance								
Class	Name & Address of the School	ol	Medium of Instruction	Board	Month & Year of Passing	Marks obtained	Maximum Marks	%
SSLC (10 th)								



HSC (12")	: Academic / Vocational			Board :				
					mber:			
	:							
City:	Distr	District:			State :			
Subject	Month & Y	Month & Year of Pass			d Maximum Marks	%		
Language								
English								
Mathematics								
Part III 1.								
2.								
3.								
			Total					
	Over all (%)							
					1000			
NATA Candidate II	D. :		Valid	d NATA Score :	/ 200			
B.Arch. :				Register Nu	mber:			
B.Arch. :								
					State :			
Semester	Month & Year of Pa	Mark	s obtained	ained Maximum Marks				
1 st Semester								
2 nd Semester								
3 rd Semester								
4 th Semester								
5 th Semester								
6 th Semester								
7 th Semester								
8 th Semester								
9 th Semester								
10 th Semester								
Class Obtained :		Total						



DECLARATION BY THE APPLICANT AND PARENT

I solemnly affirm that the information furnished in this application and the enclosures are true, correct and complete to the best of my knowledge and belief. I assure to abide by the rules and regulations of the Karpagam Academy of Higher Education, enforced from time to time. I further declare that should it be found otherwise, I am liable to forfeit my seat and / or be removed from the rolls of the Karpagam Academy of Higher Education at any stage of the study. Application and Admission fees, Once paid shall not be refunded under any circumstances.

Signature of the Parent / Guardian		Signature of the Applicant
Place:		
Date:		
	FOR OFFICE USE ONLY	Day Scholar Hostelite
Name of the student	:	
Enrolment No.	:	
Admitted on	:	
Fees collected vide receipt no.	: Date :	Rs.:
	Date :	Rs.:
	Date :	Rs.:
	Date:	Rs.:
Health card receipt no.	: Date:	Rs.:
		Admissions Incharge

Note: Attested Photo copies of the certificates (downloaded mark sheet if original mark sheet is not received) should be enclosed along with the application. However at the time of admission, the original certificates should be submitted. Any change in information furnished should be intimated to the authorities of Karpagam Academy of Higher Education through proper channel immediately.