

Application No:

Issued on:



KARPAGAM
ACADEMY OF HIGHER EDUCATION

(Deemed to be University)
(Established Under Section 3 of UGC Act, 1956)

APPLICATION FOR ADMISSION TO B.Des. INTERIOR DESIGN | B.Des. FASHION DESIGN

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.Des. INTERIOR DESIGN** ☐ **B.Des. FASHION DESIGN** ☐

2. Name of the Applicant (in BLOCK letters) (As in HSC Mark Sheet) :

Paste a recent passport
size photograph

DO NOT STAPLE

3. Name of the Parent/Guardian :
and Permanent Address
(in BLOCK letters)

For office use only

PIN Code:

Address for Communication : _____

PIN Code:

Mobile No. (Parent) 1 : _____ 2 : _____

Mobile No. (Student) : _____

E-mail ID. : _____

4. Gender (✓) : Male ☐ Female ☐ Transgender ☐ 5. Blood Group: _____

6. Date of Birth :
Date Month Year 7. Age :

8. Aadhaar Number :

9. Mother Tongue : _____

10. Nationality : _____

11. State (✓) : Tamil Nadu ☐ Others ☐ _____

12. Religion : _____

13. a) Community (Attested photo copy should be enclosed) : OC / BC / BC (M) / MBC / DNC / SC / SC (A) / ST (Write in the box)

b) Name of the Caste : _____

c) Sl. No. of the Community Certificate : _____

14. Person with disability (✓) : Yes ☐ No ☐ (If yes attach medical certificate issued from authorized authority)

15. Parent's Occupation and Office Address (If any) : _____

Office Phone No. : _____

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	Medium of Instruction	Board	Month & Year of Passing	Marks obtained	Maximum Marks	%
SSLC (10 th)							

HSC (12 th) : Academic / Vocational					Board : _____	
Medium of Instruction: _____					Register Number : _____	
Name of the School : _____						
City: _____ District: _____ State : _____						
Subject	Month & Year of Passing	Marks obtained	Maximum Marks	%		
Language						
English						
Mathematics						
Part III 1.						
2.						
3.						
	Total					
Over all (%)						

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.