

**LITTLE FLOWER INSTITUTE OF SOCIAL SCIENCES AND HEALTH (LISSAH)**

(Affiliated to the University of Calicut)

Kaithapoyil P.O., Kozhikode. 673 023.

Tel. 0495 – 2232085 (Reception), 2234129 (Office), 2232164 (Dir.)

Website: [www.lissah.com](http://www.lissah.com)**APPLICATION FOR ADMISSION TO BA ENGLISH WITH PUBLIC ADMINISTRATION AND JOURNALISM.***(Fill in all particulars below completely in legible letters. Defective application will be rejected)*

FOR OFFICE USE ONLY		Affix Passport Size Photo	TO BE FILLED IN BY THE CANDIDATE	
Class to which admitted			SSLC Marks	
Admission Number			Percentage	
Class Number			Marks obtained in the Qualifying Examination	
Date of Admission			Percentage	

FOR OFFICE USE ONLY		MAIN SUBJECT CHOSEN	
Merit Marks – I Choice		I Choice	
– II Choice		II Choice	

SECOND LANGUAGE CHOSEN	

1	Name of the Applicant in BLOCK LETTERS (As in the SSLC Book)	<input type="text"/>			
2	Name of the Applicant in Malayalam	<input type="text"/>			
3	Expansion of Initials	<input type="text"/>			
4	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
5	Age and Date of Birth (As in the SSLC Book)	Age	Date	Month	Year
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Place of Birth and Nationality	Village	District	State	Nationality
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Religion and Community	Religion		Community	
		<input type="text"/>		<input type="text"/>	

8	If Catholic Attach a certificate from the parish priest	Syro Malabar <input type="checkbox"/>	Latin <input type="checkbox"/>	Malankarara <input type="checkbox"/>
		Diocese	Parish	

9	Caste and Sub-Caste (Tick [✓] which is applicable)	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OEC <input type="checkbox"/>	OBC <input type="checkbox"/>
		Others			

Name of Caste	
Name of Sub-Caste	

10	Full Home Address of the Applicant with PIN Code and Phone Number to which communications are to be sent	
		PIN
		Phone No. with STD Code

11	Full Home Address of the Guardian with PIN Code and Phone Number to which communications are to be sent	
		PIN
		Phone No. with STD Code

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Recommended / Not Recommended for Admission to:		Admitted to Class:	
Signature of the Head of the Department:		Signature of the Principal:	
Date and time of Interview:		Date:	

**Remarks if any:**

- |    |  |    |
|----|--|----|
| 12 | a) Name of Father/ Guardian                  | a) |
|    | b) Name of Mother                            | b) |
|    | c) C) Occupation of the Parent / Guardian    | c) |
|    | d) D) Annual Income of the Parent / Guardian | d) |

13	Name of the School / College and Class last attended	Class	
		College / School	
		University / Board	
		State	

14 Distinction, if any, in Sports and Games / NCC / NSS (Enclose attested true copies of testimonials)

15 Whether Applicant's father is an Ex-Serviceman? (Enclose attested true copies of testimonials)

16 Number of chances taken for passing the qualifying examination and the year of passing with Reg.No.

Number of Chances	Year of Passing	Registration Number
	March / Sep	

17 STATEMENT OF MARKS OF QUALIFYING EXAMINATION (Enclose attested true copy of Mark list)

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Subjects		Marks Obtained	Maximum Marks
<b>Part I English</b>			
Paper I			
Paper II			
Total			
<b>Part II Second</b>			
Paper I			
Paper II			
Total			
<b>Part III OPTIONAL SUB</b>			
Div 1.....Paper I			
Paper II			
Particals			
TOTAL			
Div 2.....Paper I			
Paper II			
Particals			
TOTAL			
Div 3.....Paper I			
Paper II			
Particals			
TOTAL			
Div 4.....Paper I			
Paper II			
Particals			
TOTAL			
Total for Part III			
<b>GRAND TOTAL</b>			

Choice	I	II	
Subjects			Remarks
Total Marks			
Subject Marks			
Ex-Serviceman			
NCC / NSS			
<b>GRAND TOTAL</b>			
Deductions No. of Chances			
GRAND MARK			
General Merit : Rank			
Community			
Reservation			

18 Distance from Home to the College

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19 Whether applying for fee concession in income basis under OBC/KPCRA. Income Certificate and Community Certificate shall be produced at the time of interview, if eligible for fee concession)

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### DECLARATION

I hereby declare that the particulars given above are correct and that I shall abide by the rules of the College.

I undertake to pay the class fee and other College dues as and when required.

I promise to be regular in attending classes show progress in studies and maintain good character.

Place

Signature of the Applicant

Countersigned

Date

Name:

Name & Signature of Parent /  
Guardian