



**ST. GREGORIOS COLLEGE**  
PULAMON P O, KOTTARAKARA, KERALA-691531

**Application Form**

for Add-on Course in

*(For regular students of the College only)*

1. Name of Applicant (in CAPITALS) :
2. Date of Birth (DD/MM/YYYY) :
3. Sex :  Male  Female
4. Department :
5. CBCSS Register No. :
6. Class No. :
7. Marks obtained in +2 Examination :
8. Maximum marks of +2 Examination :
9. Contact Phone No. :
10. E-mail :

**DECLARATION**

I hereby declare that all the statements made above are true, complete and correct to the best of my knowledge and belief.

Signature of the Student

Signature of the Parent/Guardian

Place:

Date:

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*For office use*

Admitted/Not Admitted

Course Cordinator

HOD

Principal