



m.CAP

MARIAN COLLEGE OF ARCHITECTURE & PLANNING

KAZHAKUTTOM, TRIVANDRUM 695 582

Application for Registration to Semester B.Arch. during20....

1. Personal data

| | | | | |
|--|--|------------------------|---------------|--|
| Name (in CAPs) | | | Admission No. | |
| Are you a hosteller? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, name of Hostel | | |
| Name and address of parent/Phone | Res: | Office | Mobile: | |
| Name & address of local guardian, if any Phone | Res: | Office | Mobile: | |

2. Details of previous Semester

| | |
|---|--|
| Have you registered for the previous semester examination? If yes, give Registration No. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Uty.Reg.No. Month/Year |
| If attendance during last semester was less than 75%, have you applied for condonation? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable |
| Furnish details of previous Condonations, if any (Semester, % attendance and period of study) | |
| Period of Semester discontinuation, if any, and reason thereof | |

3. Academic Performance

| Semester → | S1 | S2 | S3 | S4 | S5 | S6 | S7 | S8 | S9 | Verification of Staff ADV. |
|--|----|----|----|----|----|----|----|----|----|----------------------------|
| Total No. of Back Logs | | | | | | | | | | |
| Details of Back Logs in Group I Subjects (Write Subject Code) To be filled up on the basis of Result published by CUSAT | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| GPA | | | | | | | | | | |

* If the results are not available for a completed semester, please give the number of subjects in which the sessional marks are less than 50%.

- Any pending Disciplinary Action _____
- Whether Internal Improvement Done in any Semester(YES/NO) _____
If yes, provide Details in the prescribed format.

DECLARATION BY THE STUDENT

- I do certify that all the particulars furnished above are true to the best of my knowledge.
- I am obliged not to participate in, abet or propagate ragging within or outside the institution. I also am aware that I will be expelled from the College if I indulge in any act of ragging.
- I am aware that, if I contravene any of the rules and regulations of the College, I am liable to disciplinary action that the College may consider necessary and appropriate.
- I have paid all fees, Library fine, etc

Thiruvananthapuram
Date:

(Signature of Student)

Clearance of Dues by Concerned Departments

Details of Outstanding dues if any

| SI No | Item | Amount Due Rs. | Details of Payment Rs. | Receipt No. and Date with signature of staff in charge |
|--------------|-------------|----------------|------------------------|--|
| i | Library | | | |
| ii | Bus | | | |
| iii | Lab | | | |
| iv | Hostel | | | |
| v | | | | |
| vi | | | | |
| vii | Annual Fees | | | |
| TOTAL | | | | |

Accounts Department:

VERIFICATION BY THE STAFF ADVISOR

The particulars given over leaf have been verified by me and found correct with respect to the records. He/She has paid all fees due to the College and hence, recommended.

Signature with date:

Name:

RECOMMENDATION OF THE HOD

Promotion is Recommended/ Not Recommended.

Head of Department

Admitted to _____ Semester with effect from _____ with Roll No. _____

PRINCIPAL