LOYOLA COLLEGE OF SOCIAL SCIENCES
SREEKARIYAM, THIRUVANANTHAPURAM – 695 017. PH: 0471-2592059

HALL TICKET FOR MSW/MA HRM ENTRANCE EXAMINATION 2015

(Name, Address and Course to be filled in by the Candidate)

Candidate Code :  

Name :  

Address :  

Course : MSW / MAHRM/ BOTH

Venue : Loyola College

Date of Entrance Examination : 17.06.2015 at 9.30 am

Date of GD and Interview :  

Signature of Candidate

Passport size colour photo of the candidate

Note: The Date & Time of GD and Interview will be intimated along with the hall ticket.
LOYOLA COLLEGE OF SOCIAL SCIENCES
SREEKARIYAM, THIRUVANANTHAPURAM – 695 017.
Phone: 0471-2591018, 2592059, Fax: 0471-2591760
Email: lcsstvm@asianetindia.com Website: www.loyolacollegekerala.edu.in

APPLICATION FOR ADMISSION TO MSW / MA HRM FOR THE YEAR 2015 – 16

<table>
<thead>
<tr>
<th>Application No.:</th>
<th>Candidate Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course applied for MSW</th>
<th>MAHRM</th>
<th>Both</th>
</tr>
</thead>
</table>

1. Name (In block letters)

2. Address to which communication is to be sent
   - Telephone Number /Mobile Number
   - Email:

3. Permanent Address

4. Age and Date of Birth

5. Sex
   - Male
   - Female

6. Nationality and Aadhaar number

7. Father’s/Guardian’s name
   - Telephone /Mobile Number
   - Email:

8. Occupation and annual income of parents

9. Name and address of Local guardian, if any
   - Telephone/Mobile Number

10. Details of scholarship or Fee concession? If any

11. Religion and Caste
   - SC
   - ST
   - OEC
   - OBC
   - GEN

12. Category
   - NCC
   - NSS
   - Sports

13. Certificates

14. Are you physically handicapped, if yes specify and produce copy of certificates.

15. Details of the qualifying examination.
   a) Name of the Examination
   b) Reg. No. and Year of passing
   c) Annual/Semester Scheme
   d) Main and Subsidiary Subjects.
   e) Name of the University.
   f) Name of Institution studied with State.
### Note: Fill either 16 or 17 as applicable

#### 16. Statement of marks secured in the qualifying examination (copy to be attached)

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Marks/Grade secured</th>
<th>Minimum marks/Grade for pass</th>
<th>Maximum marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 2</td>
<td></td>
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<tr>
<td>Semester 3</td>
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<tr>
<td>Semester 4</td>
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<td>Semester 5</td>
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<tr>
<td>Semester 6</td>
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<td></td>
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<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Marks for Main & Subsidiary subjects**

**CGPA:**

#### 17. Statement of marks secured in the qualifying examination (copy to be attached)

<table>
<thead>
<tr>
<th>Part I (English/_________________)</th>
<th>Marks Secured</th>
<th>Minimum marks for pass</th>
<th>Maximum marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part II (Malayalam/Hindi/______________)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Part III Optional subjects</td>
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<td></td>
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</tr>
<tr>
<td>a) Main _________________________</td>
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<td></td>
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<tr>
<td>b) Subsidiary</td>
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<td></td>
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</tr>
<tr>
<td>i) ______________________________</td>
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<tr>
<td>ii) _____________________________</td>
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</tbody>
</table>

**Total for Optional Subjects**

#### 18. Do you require accommodation in the College hostel?

Yes [ ] No [ ]

#### 19. Preferred Specialization (applicable to MSW)

- Medical and Psychiatry [ ]
- Community Development [ ]

#### 20. Amount, DD Number, Date and Name of Bank

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**Copies of the following certificates should be attached to the application**

- SSLC to prove date of birth, NCC, NSS, Sports, Income Certificate from the University of Kerala for those who studied under other universities. Proof of SC/ST/OEC/OBC, community (Catholic) and self attested copies of all degree mark lists.

Please enclose a self addressed stamped envelope (Rs. 25/- for registered post).

**DECLARATION**

I do hereby declare that the facts mentioned in this application are true and correct. I do promise to obey all rules and orders of the college authorities and help in the maintenance of discipline in the college while I am a student.

Place:

Date: 

Signature of the applicant

I hereby undertake that my ward will abide by the rules and orders of the college authorities.

Signature of parent/guardian

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**For office Use Only**

Date of receipt of application :

Date of admission :

Admission No. :

Remarks :

Principal