



Application No:

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

(Affiliated to the University of Calicut)

Kaithapoyil P O, Kozhikode – 673 586, Kerala, India

Tel. No. 0495-2232085, 2234129, 2232164 Mobile: 9400395500

[www.lissah.com](http://www.lissah.com), email: [mail.lissah@gmail.com](mailto:mail.lissah@gmail.com)

Affix passport  
size photo

**APPLICATION FOR P.G Courses 20 \_\_ 20\_\_**

MSW  M. Sc Psychology  M.Com  MAJMC  MA English

1. Name of the candidate in BLOCK LETTERS

2. Gender  3. Date of Birth

4. Nationality  5. Religion

6. Cast &Community

7. Category  SC  ST  OBC  OEC  GENERAL

8. Name of Father/ Guardian  Occupation of Father

9. Name of Mother  Occupation of Mother

10. Annual Income  11. Blood Group

11. Permanent Home Address :	Address for Communication
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Pin code <input type="text"/> Taluk <input type="text"/>	Pin code <input type="text"/> Taluk <input type="text"/>
Landline No: <input type="text"/> Candidate's Mob. No: <input type="text"/>	Parent's Mobile No: <input type="text"/>

12. Email. ID

13. Name of the institution last studied and the university to which it is affiliated

14. Year of passing  Reg. No  TC .No:

15.	Graduation	B.A	B. Sc	B.Com	BSW	Others( )
	University	College			Main Subject	

Details of Marks/ Grade(Graduation)	Marks/ Grade obtained	Percentage
Part I – English		
Part II – Additional Language		
Part III – Core :		
Complimentary I :		
Complimentary II:		
CGPA		

16. Certificate in Sports and Games/NCC/NSS if any :   
(Enclose self attested true copies of testimonials)

17. Aadhar Number:

18. Hostel Accommodation is required:

### DECLARATION

I ..... hereby declare that all the details furnished above are correct and that I shall abide by the rules and regulations of the college, and to do nothing either inside or outside the college that will interfere with its orderly working, discipline and reputation.

Signature: \_\_\_\_\_ Counter signed  
Name & Signature of Parent/Guardian

Place:

Date:

### FOR OFFICE USE ONLY

Course to which admitted:

Admission No.

Date of Admission:

Class No.

Principal

- \* Enclose self attested copies of SSLC, Plus Two & Degree Certificates with the application form
- \* Proof of SC/ST/OBC/OEC Community Certificate.
- \* Please see that full and accurate information is furnished against each of the column.