

THE STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN (AUTONOMOUS), Sivakasi

(Affiliated to Madural Kamaraj University, Reaccredited with "A" Grade by NAAC, College with Potential for Excellence by UGC & Mentor Institution under UGC PARAMARSH)

NAAC SSR Cycle IV (2015-2020)

6.3 Faculty Empowerment Strategies

6.3.1 Labour Welfare Measures

CRÈCHE

APPLICATION FORM FOR ADMISSION TO CRECHE AND ATTENDANCE-SAMPLES





(Affiliated to Madurai Kamaraj University, Re-accredited with A Grade by NAAC, College with Potential for Excellence by UGC and Mentor Institution under UGC PARAMARSH)

<mark>2019-2020</mark>

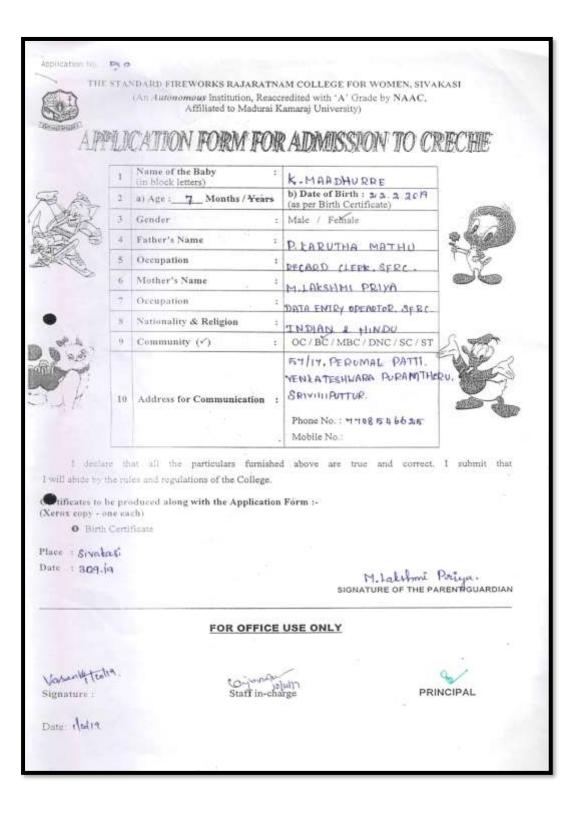
Application form for admission to crèche

| | | CAR #440000000 Institution, Resce Affiliated to Madurui K | | JKA5I |
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| AM | 1) | CATION FORM FOR | ADMISSION TO C | RECHE |
| | 1 | Name of the Baby : (in black letters) | MOTHU RAKSHAN | |
| F.A. | 3 | a) Age : 1 Months / Years | b) Date of Birth : (as per Birth Certificate) | 100000000 |
| 1 Ber | 3 | Gender : | Male / Female | 63 |
| R Chi | 4 | Fathor's Name 1 | R. VENKATESHAN | 2 400 |
| ANA CONTRACT | 3 | Occupation : | ELECRICAN | 1 2 |
| 10 | | Mother's Name : | G. PETCHIVATIMAL | 00 |
| | - | Occupation T | 1.48 ASSISTANT (GERC) | |
| | 3 | Nationality & Religion : | TNDIAN - HINDU | |
| 4.4 | .9 | Community (*) 7 | OC/BC/MBC/DMC/SC/ST | S.S. |
| | 10 | Address for Communication 1 | V817 STURN N 8989 NBRANA PURM Phone No. : 86818578771 Mobile No.: | N. |
| I will abide by t | ie pro ne pro | en und regulations of the College. duced along with the Application cho | i above an true and correct. Form :- | I submit that |
| Pince STVAR | | | | |
| Date A.J. | 1 | | S. Rate | higunal. |
| | | FOR OFFICE | USE ONLY | 1 |
| Vorand Signature : | ntim | Staff in-chu | MTNS PR | INCIPAL |
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| Canada A Do | Mi N | CATION FORM FOR | amaraj University) | |
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| 7 | 1 | (in block letters) | ESWARAPRAKASH- | k |
| Cart. | 2 | a) Age : Months / Years | b) Date of Birth : 13.6.18 (as per Birth Certificate) | (ARRING) |
| | 3 | Gender : Father's Name : | Male / Female | - a Rad |
| | - | 2.2000.0000000000000000000000000000000 | Karuppasamy.E | - States |
| all Contraction | 6 | Occupation : Mother's Name : | Driver | - |
| | + | MARKAN A DOMESTIC | Gruna chibro · k | |
| | N | Occupation : Nationality & Religion : | The stal | |
| 1.40 | 10 | Community (*) | OC/BC/MBC/DNC/SC/S | T G with |
| h | 10 | Address for Communication : | Maravar Phone No. : | N. |
| | | at all the particulars furnished | Mobile No.: 9385406253 above are true and corre | _ |
| | be pro | educed along with the Application ch) ficure | Form :- K. Grunz Gudyz SIGNATURE OF THE | 1 PARENTI GUARDIAN |
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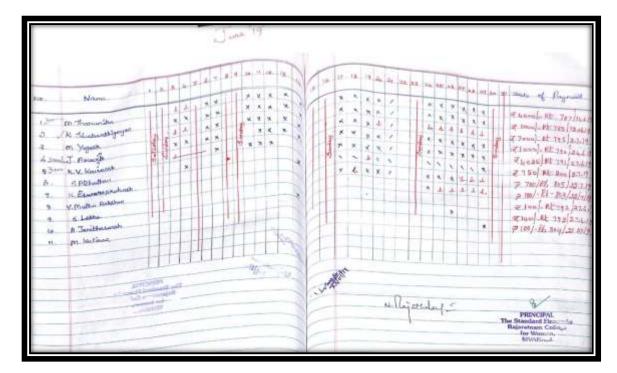




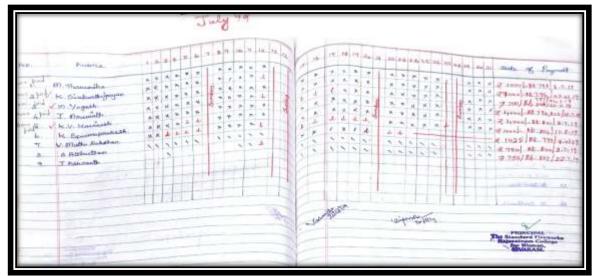
| API | LICATION FORM FOR | RADMISSION TO CRECHE |
|---------------|--|---|
| | I Name of the Baby : (in block letters) | L. SENTHAMEL AZANGE |
| 2 | 2 a) Age : b Months / Years | b) Date of Birth : 5 9 2019 (as per Birth Certificate) |
| 教育 | 3 Gender : | |
| R.S. | 4 Father's Name : | P.S. Levin Ram 2 |
| B | 5 Occupation 1 | Computer Designer Reg |
| 10 | 6 Mother's Name : | R. Valliyanmal |
| | T Occupation | |
| | 8 Nationality & Religion : | |
| A.A. | 9 Community (*) : | OC/BE/MBC/DNC/SC/ST |
| II abide by t | Address for Communication : Address for Communication : that all the particulars furnishe that all the particulars furnishe the rules and regulations of the College. e produced along with the Application unseeb | Phone No. : Mobile No. 9629343707 d above are true and correct. I submit that |
| | Certificate | |
| e : Sivo | kasi | |
| 1 : 17 3 | | SIGNATURE OF THE PARENTIGUARDIAN |
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Attendance Register

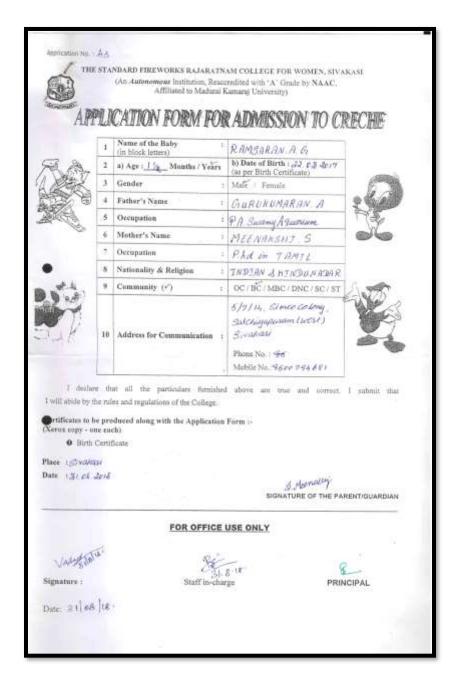




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<mark>2018-20</mark>19

Application form for admission to crèche





| | | A CONTRACTOR OF | | | |
|---|--|---|-------------------------|---|---------------|
| | 1 | Name of the Baby (in block letters) | -1 | J. PIRINITHA | |
| A. | 2 | a) Age : Months / Yes | ars | b) Date of Birth : (1 /03/2018 (as per Birth Certificate) | (FT) |
| | 3 | Gender | - 54 | Male / Female | 6. |
| N.A. | 4 | Father's Name | , i | Gr. Jeyakumaan | 2 All |
| B | 5 | Occupation | ा | cooly | T 3 |
| 0 | 6 | Mother's Name | : | A. Mahash Anuga | |
| | 7 | Occupation | -01 | Cooly | |
| | 8 | Nationality & Religion | 4 | Indian, Hindu | |
| of h | 9 | Community (*) | 11 | OC/BC/MBC/DNC/SC/ST | Sort |
| T. | 10 | Address for Communication | | 195, Innachiyanimal compound street. | |
| | | | , ńshed | Thioruthanigal. Phone No. : 9659664809 Mobile No. : 7418748641 above are true and correct. | 1 submit that |
| ill abide by the tifficates to be now copy - or O Birth | tie rul ne pro ne en Certi | es and regulations of the Colleg duced along with the Applica ch) ficate | , ńshed ge. | Phone No. : 959654809 Mobile No.: 7418748 541 above are true and correct. | nu-jy. |
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| ill abide by the tifficates to be now copy - or O Birth | tie rul e pre nie en Certii ua _c ji Ið | es and regulations of the Colleg duced along with the Applica ch) ficate <u>FOR OFFI</u> | ished ge. Ition) | A Mahash A | nu-jy. |



| AM | | (An Autonomous Institution, Reacco Affiliated to Madurai K | | |
|-------------------------|--------------------------------------|---|--|--------|
| | 1 | Name of the Baby ; (in block letters) | J. ARAVINTH | |
| A F | 2 | a) Age : 6 Months / Years | b) Date of Birth : \2 . 7-18 (as per Birth Certificate) | |
| XHI | 3 | Gender : | Male / Formale | 6 |
| | 4 | Father's Name : | A. Jothi Nalayaran | 2 60 |
| | 5 | Occupation : | | A Star |
| S | 6 | Mother's Name : | The Laleshmi | 06 |
| | 7 | Occupation : | Lab Assistand | |
| | 8 | Nationality & Religion : | Indian + Winder | |
| 1.40 M | 9 | Community (\checkmark) : | OC/BC/MBC/DNC/SC/ST | Art |
| ar | 10 | Address for Communication : | 3/147, West Street Chinnaliamanpatt; Southus. Phone No.: Mobile No.: 900.3621802 | Ŗ |
| I will abide by t | he rul be pro ne cas Certif | es and regulations of the College. duced along with the Application ch) ficate | BOTE IT IT IS AND CONTECT. | |
| | | FOR OFFICE | USE ONLY | |
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| AP | M | | ADMISSION TO C | RECHE |
|-------------------|--|--|---|------------------------------|
| | 1 | Name of the Baby : (in block letters) | M-YOGI5H | |
| ES.F | 2 | a) Age : Months / Year s | b) Date of Birth : 17/89/208 (as per Birth Certificate) | 1 |
| North L | 3 | Gender : | Mile / Female | 63 |
| E B | 4 | Father's Name : | C. MUTHUVEL. | 240 |
| | 5 | Occupation : | Railway | 1 the |
| 0 | 6 | Mother's Name : | | 06 |
| | 7 | Occupation : | NUMBER OF STREET | |
| | 8 | Nationality & Religion : | | |
| 199.4 | 9 | Community (*) | 29. | A.M |
| GP. | 10 | Address for Communication : | Near Sivakasi Railday Sivakasi - 616 123 Phone No.: 9159404 AA + Mobile No.: 9944 44 475 | |
| I will abide by t | he rul he pro ne ena Certif a le O | es and regulations of the College. duced along with the Application (h) leate | I above are true and correct. Form :- SIGNATURE OF THE PA | (M-N/In-y+) RENT/GUARDIAN |
| | | FOR OFFICE | USE ONLY | |
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| | | Staff in-char | | |

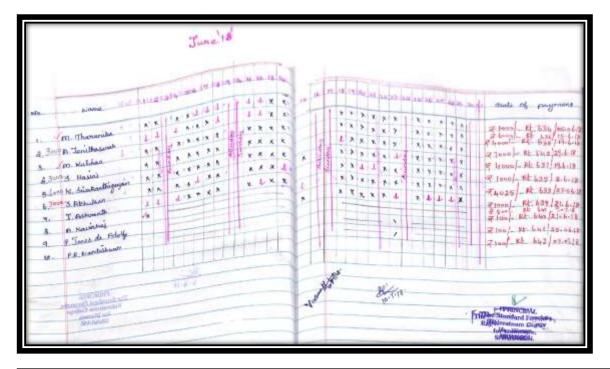


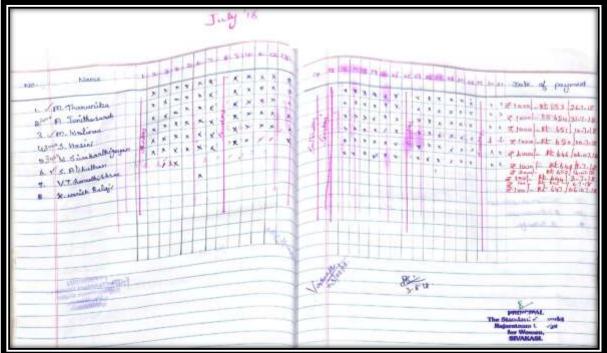
| AP | | (An Autonomous Institution, Reacc Affiliated to Madurai K | |
|--|---------------------------------|--|---|
| | 1 | Name of the Baby : (in block letters) | K.V. KAVINESH |
| A.A. | 2 | a) Age : Months / Years | b) Date of Birth : j1.09.2018 (as per Birth Certificate) |
| Res. | 3 | Gender : | Mafe / Fomale |
| | 4 | Father's Name | K. Vigneshwar |
| EXCE . | 3 | Occupation : | Library Assistant, VINSNC |
| 0 | 6 | Mother's Name : | K. Jeyachibia 🔊 🌑 |
| | 7 | Occupation : | Lab Assistant SFRC |
| • | - 8 | Nationality & Religion : | Indian & Hindu |
| 1.90 | .9 | Community (*) : | OC/BC/MBC/DNC/SC/ST |
| in the | 10 | Address for Communication : | Phone No. : 960040080 Mobile No.: 6381347781 |
| | | es and regulations of the College. | d above are true and correct. I submit that |
| I will abide by 1 | oe pre ne ea Certi USU | | Form :- K. Jeyachiba SIGNATURE OF THE PARENT/GUARDIAN |
| 1 will abide by t Ottificates to 1 (Xerox copy - o O Binh Place : SWak | oe pre ne ea Certi USU | ch) | K. Jayachiba SIGNATURE OF THE PARENTIGUARDIAN |



(Affiliated to Madurai Kamaraj University, Re-accredited with A Grade by NAAC, College with Potential for Excellence by UGC and Mentor Institution under UGC PARAMARSH)

Attendance Register







(Affiliated to Madurai Kamaraj University, Re-accredited with A Grade by NAAC, College with Potential for Excellence by UGC and Mentor Institution under UGC PARAMARSH)



Application form for admission to crèche

| AM | M.) | Affiliated to Madurai K | ADMISSION TO C | RECHE |
|-----------------------|----------------------------|---|--|---------------|
| | 1 | Name of the Baby 1 (in block letters) | 14. Sumbarthegagne | 1 |
| E B | 2 | a) Age : Months / Years | b) Date of Birth : | |
| X | .3 | Gender : | (as per Birth Certificate) Mile / Female | Carrie |
| E S | 4 | Father's Name | C Kanagu | 2642 |
| | 5 | Occupation : | 4 | He |
| C. B. | 6 | Mother's Name : | Swappon M. Muthulakabri | 26 |
| | 19 | Occupation | | |
| | 8 | Nationality & Religion T | Sucception | - |
| 1.4.4 | 9 | Community (*) | C/BC/MBC/DNC/SC/ST | 0 |
| will abide by t | he rub 1e pro ne cas | es and regulations of the College, duced along with the Application ch) | Mabile No.: 9500757922. above are true and correct. | l submit that |
| ace 1 Auro | has | 23 | | |
| ate + riskyl | 177 | | M. GABION | -3107 |
| | | | SIGNATURE OF THE PA | RENT/GUARDIAN |
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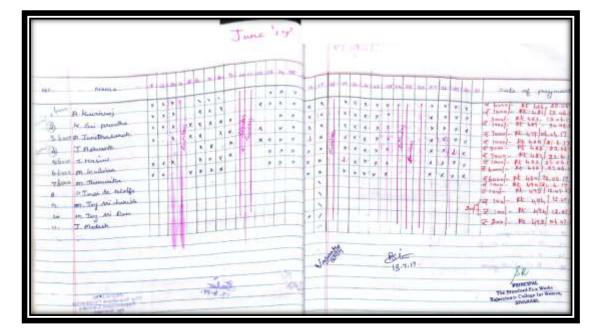


| | | (An Autonomous Institution, React Affiliated to Madurai I | AM COLLEGE FOR WOMEN, SIVAKASI credited with 'A' Grade by NAAC. Kamaraj University) |
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| TUT | 141 | | |
| - | 1 | Name of the Baby : (in block letters) | Mi Kushinka Syri |
| A.A | 2 | a) Age : 5_ Months / Years | b) Date of Birth : 10, 3, 17 (as per Birth Certificate) |
| 义家 | 3 | Gender : | (All All All All All All All All All All |
| R C | 4 | Father's Name : | S-Manool Kompperamy |
| EB1 | 5 | | Doriver |
| 0 | 6 | Mother's Name : | K. brayathori |
| | 7 | | Student - III - BCA |
| | 8 | Nationality & Religion : | Indian |
| of h | 9 | Community (*) : | 10 0 0 |
| 4K | 10 | Address for Communication : | 2/133 Eart Street, Aukkirawarpathi. Phone No.: Mobile No.: 9585031240 |
| | e pro | es and regulations of the College. duced along with the Application (h) | d above are true and correct. I submit that Form :- |
| o Birth Dece : Stucks te : 23.11 | Certif | | K. Grandtary & Mar langpatoring SIGNATURE OF THE PARENTIGUARDIAN |
| O Birth (ce : Stuck) | Certif | FOR OFFICE | S. Man Lappahamy SIGNATURE OF THE PARENTIQUARDIAN |
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Attendance Register



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Application form for admission to crèche

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|--------------------------------|--|--|--|------|
| | T | Name of the Baby : (in block letters) | LAKSHMI SREE S V | |
| E A | 2 | a) Age : 1/2 Months / Years | b) Date of Birth : (as per Birth Certificate) | 24.5 |
| XHIT | 3 | Gender : | 630 | 10 |
| 18 C | 4 | Father's Name : | S. Velgeineshn Section | |
| | 5 | Occupation 1 | Wooking the private co., 1000 | |
| S | 6 | Mother's Name : | V- Rajo Sulechane | |
| | 4 | Occupation : | Asse Prof of Malla Debt | |
| | 8 | Nationality & Religion : | Indian / Hindu | |
| 1.4 | 9 | Community (*) ; | OC/BC/MBC/DNC/SC/ST | - |
| AF. | 10 | Address for Communication : | AT/AA konuppenstreet, Neun Jothi Lodge. Stoekan. Phone No.: - Mobile No.9456493631 Gasterogan | |
| will abide by | the rul be pro one cas o Certif | es and regulations of the College. duced along with the Application ch) icate | I above are true and correct. I submit | |
| lace : Stock hate : 0.4 - 0 | | | | |
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|---|--|---|--|
| | 1 | Name of the Baby | K. SALPREETOP |
| 3 A | 2 | (in block letters) a) Age : Z Months / Years | b) Date of Birth : 22.06 . 8010 |
| 1 Dest | 3 | Gender | (as per Birth Certificate) Male / Female |
| | 4 | Father's Name : | ad a |
| | 5 | Occupation : | The second secon |
| a B | 6 | Mother's Name | |
| | 7 | Occupation : | |
| | 8 | Nationality & Religion ; | V · |
| A.4. | 9 | Community (") : | 10 0 |
| SAK | 10 | Address for Communication : | Phone No.: ~ Mobile No.: 7305485618 |
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| I will abide by | the rul be pro one each Certi | les and regulations of the College. oduced along with the Application ch) | BIGNATURE OF THE PARENT/GUARDIAN |
| I will abide by rtificates to Xerox copy - o O Birth Place 1 2 cm | the rul be pro one each Certi | les and regulations of the College. oduced along with the Application ch) | SIGNATURE OF THE PARENT/GUARDIAN |



| AM | | durai Kamaraj Univers | | |
|--|---|---------------------------------------|---|------|
| | 1 Name of the Baby (in block letters) | * K. SAIP | REETHO | |
| AA | 2 a) Age : _ Z_ Months / Y | ears b) Date of Bi (as per Birth (| rth: みみつを &ole Certificate) | |
| NOTEX. | 3 Gender | z Male / Feffi | (2007) | |
| E C | 4 Father's Name | : S. Kalina | 244 | |
| | 5 Occupation | : Mechanic | 16 | |
| S | 6 Mother's Name | : & Lingani | nal 💕 | 9 |
| | 7 Occupation | : Data Pit | ny operator | |
| | 8 Nationality & Religion | : PRoduce | 0 | |
| 4.4 | 9 Community (🗸) | : OC/BC/M | BC/DNC/SC/ST | P |
| C.P. | 10 Address for Communicati | on : Phone No. : ' | &ualonipour and | 17-1 |
| I will abide by the state of th | e rules and regulations of the Coll e produced along with the Applic e each) Certificate | ege. | SLIMICAL SNATURE OF THE PARENT/GUARD | |
| | FOR OFF | ICE USE ONLY | | |
| | R | Le 1/2 | PRINCIPAL | |



| Application No. 1 | | THE PROPERTY OF CALLSREET, SALES | ALCOLUCE TAB WALFF. SW. F. ST |
|-------------------|--------------------------|--|--|
| | | (An Autonomous Institution, Reace Affiliated to Madurai K | |
| AM | 11 | CALLON FORM FOR | ADMISSION TO CRECHE |
| | 1 | Name of the Baby : (in block letters) | M- KuliJAA |
| RA | 2 | a) Age : Months / Years | b) Date of Birth : $17 \int g J_{s} / k$ (as per Birth Certificate) |
| X | 3 | Gender : | Male / Female |
| ある | 4 | Father's Name : | n. Mahuwaan |
| | 5 | Occupation : | moniuliny |
| B | 6 | Mother's Name : | M-Mananman" |
| | 7 | Occupation : | Alsh . Minh . Rept. No continuing 3 |
| | 8 | Nationality & Religion : | Inder y Hinde |
| A.4 | 9 | Community (1) : | OC/BC/MBC/DNC/SC/ST |
| tak' | 10 | Address for Communication : | Colony 2 Prest, Thireffunguly Phone No.: Mobile No.: 7385115858 |
| | | | I above are true and correct. I submit that |
| and the state | e pro ae ea Certil | ficate | Form :- |
| Date : to u/ | | | |
| | | | NG 에운~~~~ SIGNATURE OF THE PARENT/GUARDIAN |
| | | FOR OFFICE | USE ONLY |
| Jopannia. | | | |
| Signature : | | Staff in-char | PRINCIPAL |
| Date: 30 ult | 2 | Ser 1. | |
| | | | |



| | . Add | Name of the Baby | RADMISSION TO CRECHE |
|-----------------|---------------------------------------|---|--|
| 26 As | 2 | (in block letters) a) Age : 4 Months / Years | b) Date of Birth : 26.07.2016 |
| THE | 3 | Gender | (as per Birth Certificate) Male / Femile |
| | 4 | Father's Name : | a la |
| | 5 | - | V.SELVAM Driver |
| B | 6 | Mother's Name : | -W- |
| | 7 | Occupation : | |
| | 8 | Nationality & Religion : | |
| 1.40 | 9 | Community (V) : | 1 1 0 0 |
| | 10 | Address for Communication : | 103, Odai Street, Sivanasi, Phone No.: Mobile No.: 9788674526 |
| will abide by 1 | the rul be pro one ca Certif | es and regulations of the College. duced along with the Application ch) ficate | |
| | | | |
| | | FOR OFFICE | USE ONLY |



| AM | MA | Affiliated to Madurai K | ADMISSION TO CRECHE |
|-------------------|--------------------------|---|---|
| | 1 | Name of the Baby : (in block letters) | ASHWANTH . J |
| E.F. | 2 | a) Age : 3 Months /-Years | b) Date of Birth : /6 . /0 - /6 (as per Birth Certificate) |
| X | 3 | Gender : | Male / Eemale |
| R C | 4 | Father's Name : | A.JOTH NARAYANAN 2 |
| SK A | 5 | Occupation : | AUPERVISOE |
| S | 6 | Mother's Name : | Ko-Lekstrol |
| | 7 | Occupation : | LAB TECHNICIAN |
| 3 | 8 | Nationality & Religion : | INDIAN & HINDI |
| All. | 9 | Community (*) : | OC/BC/MBC/DNC/SC/ST |
| | 10 | Address for Communication : | 3-147, West Stred, Chinnakamarpatti, Sattur Phone No.: Mobile No.: 9003601802 |
| I will abide by t | e pro e pro certif | es and regulations of the College. duced along with the Application (h) | Form :- |
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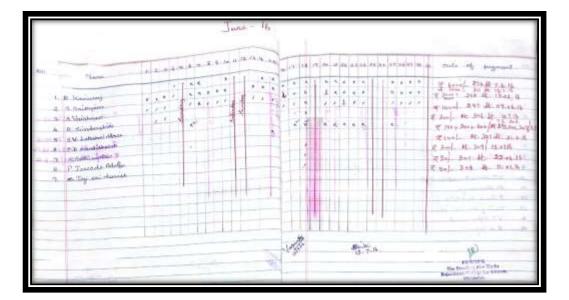


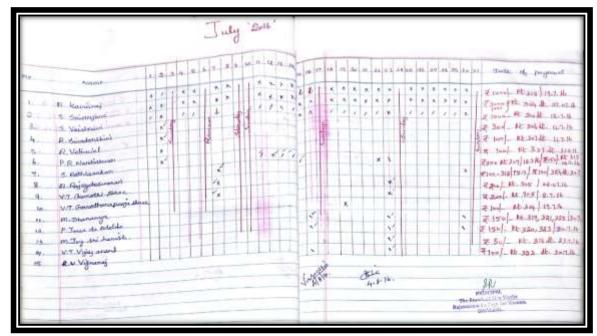
| AP | | | ADMISSION TO CRE | CHE |
|-----------------|------------------------------------|--|---|-----------|
| | 1 | Name of the Baby : (in block letters) | M. THARINIKA | |
| A.A. | 2 | a) Age : 3 Months / Years | b) Date of Birth : 24. 12. 2016 (as per Birth Certificate) | (CERTING) |
| 这些人 | 3 | Gender : | Male / Female | 63 |
| EN C | 4 | Father's Name : | P. MAHENDRAN. | Start |
| KE . | 5 | Occupation : | LECTURER | 130 |
| 0 | . 6 | Mother's Name : | M. KALEES WART | |
| | 17 | Occupation : | A.286. P.310 f | |
| | 8 | Nationality & Religion : | Indian of Winder. | |
| A.L. | 9 | Community (*) : | OC/BC/MBC/DNC/SC/ST | - The |
| A.F. | 10 | Address for Communication : | Bloos NO : 6, Ponnapanodan Zandu, Mela Hara Noan Walki magul School Thisu thangal. Phone No. : | S, |
| | L | | Mobile No.: 8608686864 | |
| will abide by t | he rul he pro ne ea Certi | es and regulations of the College. sduced along with the Application ch) ficate | Form :- M. Helenner | |
| | | FOR OFFICE | USE ONLY | 2 |
| alama Miyon. | | Staff in-cha | | -)6) N |



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Attendance Register



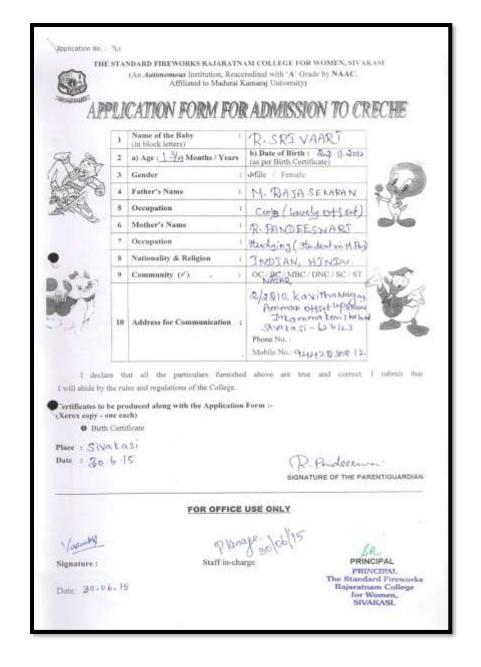




(Affiliated to Madurai Kamaraj University, Re-accredited with A Grade by NAAC, College with Potential for Excellence by UGC and Mentor Institution under UGC PARAMARSH)



Application form for admission to crèche





| AP | PL) | Affiliated to Madure | ii K | redited with 'A' Grade by NAAC. amaraj University) | ECHE |
|-----------------|--|---|-----------|---|------|
| | 1 | Name of the Baby (in block letters) | Ŧ | B. DHARSHIKA | |
| AA | 2 | a) Age : Months / Year | × | b) Date of Birth : 09 -08 - 3013 (as per Birth Certificate) | |
| X | 3 | Gender | ŧ | V | 6 |
| S C | 4 | Father's Name | : | BALU | 2600 |
| | 5 | Occupation | ť | DRIVER | Mas |
| . 12 | 6 | Mother's Name | t, | T. ANDAL ABIRAMI | 00 |
| | 7 | Occupation | E. | STUDYING | |
| • | 8 | Nationality & Religion | ł, | INDIAN & HINDU | |
| A.4. | 9 | Community (🗸) | 1 | OC/BC/MBC/DNC/SC/ST | Same |
| | 10 | Address for Communication | | E-BALU . 1/136 PULLAYAR KOVIL ST. AYAN KOLLAN KONDAN, RAJAPALAYAM Phone No. : | K |
| | | | | Mobile No.: 9790209975 | |
| I will abide by | the rul be pro one cao i Certif A PA1- | es and regulations of the College oduced along with the Applicati ch) ficate | 9 | J. And al abive and correct. | anu |
| | | FOR OFFIC | EI | JSE ONLY | |
| Alter. | | Ap Staff in-c | ∩¢ har | Sculoll's prince | |
| Signature : | | | | | |



| A PA | | (An Autonomous Institution, Reac Affiliated to Madurai) | AM COLLEGE FOR WOMEN, SIVAKASI credited with 'A' Grade by NAAC, Kamaraj University) |
|------------------|------------------------------------|---|---|
| 1 44 4 | 1 | Name of the Baby : (in block letters) | |
| 3 2 | 2 | a) Age : 5 Months / Years | b) Date of Birth : 15 7 15 (as per Birth Certificate) |
| THE | 3 | Gender | Gen and |
| | 4 | Father's Name : | J. ANANDAN |
| RA . | 5 | Occupation : | ALL |
| - B | 6 | Mother's Name : | P.MUTHULPESHNI |
| | 7 | Occupation : | ASST PROFESSOR |
| | 8 | Nationality & Religion : | INDIAN & HINDU |
| J. 4. | 9 | Community (*) : | OC/BC/MBC/DNC/SC/ST |
| | 10 | Address for Communication : | Phone No. : Mobile No.: 90255 90834 |
| will abide by th | he rul e pro he ea Certii | es and regulations of the College. duced along with the Application ch) ficate | d above are true and correct. I submit that Form:- Arruth |
| | | | SIGNATURE OF THE PARENT/GUARDIAN |
| | | FOR OFFICE | USE ONLY |
| Jastie | | P Kard staff in-cha | ge 25/11/15 PRINCIPAL |



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Attendance Register

