

**APPLICATION FOR AVAILING TAMIL PUDHALVAN SCHEME 2024-2025
THE AMERICAN COLLEGE, MADURAI**

FOR OFFICE USE APPLICATION ID:

1 NAME OF THE STUDENT

2 NAME OF THE COLLEGE/
INSTITUTION

3 COLLEGE ROLL NO

4 YEAR OF JOINING

PASSPORT SIZE
PHOTO

5 NAME OF THE COURSE

6 MAJOR / SUBJECT

7 DURATION OF THE COURSE

8 HAVE YOU STUDIED FROM 6TH TO
12 STD IN GOVT. SCHOOLS

YES

NO

9 IF YES, FILL THE DETAILS FROM
COLUMNS 1 TO 7.

SL.NO	CLASS	Name of the school	Year of Passing
1	6 th STD		
2	7 th STD		
3	8 th STD		
4	9 th STD		
5	10 th STD		
6	11 th STD		
7	12 th STD		

10 DATE OF BIRTH

11 EMIS NUMBER

12 AADHAR NUMBER

13 FATHER'S NAME

14 MOTHER'S NAME

15 GUARDIAN NAME

16 COMMUNITY

BC	MBC	SC	ST	OTHER
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17 MOBILE NUMBER _____

18 EMAIL ID _____

19 10th REGISTRATION NO _____

20 12th REGISTRATION NO _____

21 ADDRESS _____

22 BANK DETAILS / AADHAR SEED
BANK STATUS

ACTIVE	DEACTIVE
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ACCOUNT HOLDER NAME _____

ACCOUNT NO _____

NAME OF THE BANK _____

BRANCH NAME _____

IFSC CODE _____

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Student

I hereby certify that the above student is a bonafide student of this college/ institution

**Signature of the
Department Head**

**Signature of the
Head of the Institution**