

APPLICATION FOR AVAILING PUDHUMAI PENN SCHEME 2025-2026
THE AMERICAN COLLEGE,MADURAI

1	NAME OF THE STUDENT		FOR OFFICE USE APPLICATION ID:																																				
2	NAME OF THE COLLEGE/ INSTITUTION		PASSPORT SIZE PHOTO																																				
3	COLLEGE ROLL NO/UMIS NO																																						
4	YEAR OF JOINING																																						
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	<div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"><input type="checkbox"/></div><div>YES</div><div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"><input type="checkbox"/></div><div>NO</div></div>																																					
9	IF YES,FILL THE DETAILS FROM COLUMNS 1 TO 7.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><thead><tr><th style="width: 10%;">SL.NO</th><th style="width: 15%;">CLASS</th><th style="width: 45%;">Name of the school</th><th style="width: 30%;">Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>6th STD</td><td></td><td></td></tr><tr><td>2</td><td>7th STD</td><td></td><td></td></tr><tr><td>3</td><td>8th STD</td><td></td><td></td></tr><tr><td>4</td><td>9th STD</td><td></td><td></td></tr><tr><td>5</td><td>10th STD</td><td></td><td></td></tr><tr><td>6</td><td>11th STD</td><td></td><td></td></tr><tr><td>7</td><td>12th STD</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>		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						
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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
17	MOBILE NUMBER	<hr/>				
18	EMAIL ID	<hr/>				
19	10 th REGISTRATION NO	<hr/>				
20	12 th REGISTRATION NO	<hr/>				
21	STUDENT'S ADDRESS	<hr/>				
		<hr/>				
22	BANK DETAILS / AADHAR SEED BANK STATUS	ACTIVE		INACTIVE		
	ACCOUNT HOLDER NAME	<hr/>				
	ACCOUNT NO	<hr/>				
	NAME OF THE BANK	<hr/>				
	BRANCH NAME	<hr/>				
	IFSC CODE	<hr/>				

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 if 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**