APPLICATION FOR AVAILING TAMIL PUDHALVAN SCHEME 2025-2026
THE AMERICAN COLLEGE,MADURAI

FOR OFFICE USE APPLICATION ID:

1 **NAME OF THE STUDENT**

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**   [ ] YES   [ ] NO

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

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

18 EMAIL ID _____

19 10th REGISTRATION NO _____

20 12th REGISTRATION NO _____

21 ADDRESS _____

_____

_____

22	BANK DETAILS / AADHAR SEED BANK STATUS	ACTIVE	INACTIVE

ACCOUNT HOLDER NAME _____

ACCOUNT NO _____

NAME OF THE BANK _____

BRANCH NAME _____

IFSC CODE _____

I hareby 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**