



SALESIAN INSTITUTE OF GRAPHIC ARTS (A Unit of SIGA Society)

A Don Bosco Institution. Net worked with DB Tech, India

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Note :

APPLICATION No.

1. All entries should be in block letters.
2. Fill in with correct and exact data.
3. Roman Catholics should attach a recommendation letter from their parish priest.
4. Attach the attested copy of SSLC mark sheet, Transfer and conduct certificates only, Do not attach the original certificates. Affix typewriting certificates, if any.
5. All the original certificates must be presented at the time of interview.
6. Incomplete application will be rejected.
7. The last date for submission of filled-in application is

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1. Name of the Applicant :
 2. Date of Birth : DD / MM / YYYY
 3. Age as on July 1st, this year :
 4. Sex :
 5. Religion :
 6. Mother Tongue :
 7. Name and address of the Father/Guardian :
:
:
 - Phone : STD Code(.....)
 8. Occupation of the Parent/Guardian :
Name of the Company/Institution (be specific)
 9. Monthly Income of the Parent/Guardian (be specific) :
 10. Members in the family :
No. of Brothers :
No. of Sisters :
Others :
 11. Native Place and District :
 12. Civic Status of your place (Tick any) : Metro City / Corporation / Municipality /
Major Panchayat / Panchayat / Other.....
 13. Community (Tick any) : SC / ST / MBC / BC / OC
Caste and Sub Caste :
 14. Educational Qualification (Tick any) : SSLC pass / SSLC fail
Board (Tick any) : State Board / Matric / Anglo Indian / CBSE

15. Month and year appeared for SSLC :
16. Name and address of the school last studied :
 (attach the Xerox copy of Transfer Certificate
 and Conduct Certificate from the school/
 Institute last studied) :
- 17 Result obtained : Percentage obtained :
 (attach the Xerox copy of the Mark Sheet)
- 18 Additional Qualification (if any) :
- 19 Address for Communication :

 Phone : STD Code(.....)
 Mobile No:
 email id :

Joint Declaration by the Applicant and Parent

I hereby solemnly affirm that the statements made and the information furnished by me in the application are true. Should it, be found that any information furnished is false and incomplete, I stand liable for criminal prosecution and also agree to forgo my seat in this institution at whatever stage of study I may be at the time of detection.

Place : Signature of the Applicant
 Date :

I am fully aware of the above declaration and have understood the same. I agree to the above conditions and those regulations that are updated by the Management from time to time.

Place : Signature of the Parent/Guardian
 Date :

(The Guardian can execute the above declaration, only if both the parents are not alive)

Reference (Name and Address of two responsible persons from your locality)

- | | |
|---------|---------|
| 1. | 2. |
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| | |
| | |

Phone : Phone :

For Office Use

Application received on Interview card sent on
 Interview conducted on Selected/Not Selected Intimated on
 Date of Admission Remarks