

HINDUSTHAN COLLEGE OF SCIENCE AND COMMERCE

INGUR, PERUNDURAI, ERODE – 638 052.

APPLICATION FORM FOR TWO WHEELER PASS

Date:

1. Name of the Student (In Capital Letter) :
2. Degree and Branch :
3. Register No. :
4. Mobile Number of the Student :
5. Name of the Parent :
6. Mobile Number of the Parent :
7. Name of the RC holder :
8. Vehicle Registration No. :
9. Make and Model of the Vehicle :
10. Driving License No. :
11. Residential Address :

Affix a recent
passport size photo

I hereby declare that the information furnished above is true and correct to the best of my knowledge

Parent's Signature

Student's Signature

Class Incharge Signature

Principal

Enclose:

1. Vehicle RC Copy
2. Driving License of the student
3. Insurance Copy of the vehicle
4. Xerox Copy of College ID Card
5. Stamp Size photo of the student
6. Undertaking form of vehicle owner

Undertaking Form

Name of the RC Holder :

Relationship to the student :

Mobile number of the RC Holder :

Vehicle Registration No . :

Make and Model of the Vehicle :

Validity of the insurance :

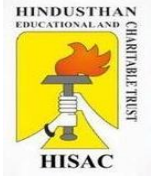
Address of the RC Holder :

Affix a recent
passport size
photo of the
RC Holder

I permit the person _____ (Name
and Class of the student) to use the above registered vehicle.

Date:
Owner/Parent

Signature of the Vehicle



HINDUSTHAN COLLEGE OF SCIENCE AND COMMERCE

(AFFILIATED TO BHARATHIAR UNIVERSITY, COIMBATORE)

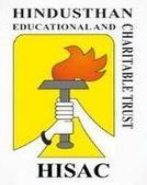
Ingur, Perundurai, Erode

APPLICATION FOR LEAVE

1. Name of the Student :
2. Class :
3. Register No. :
4. Dates on which leave is required :
5. No. of days leave required :
6. Reasons for leave :
7. No. of days leave already availed :
8. Signature of the applicant with date :
9. Signature of the Parent/Guardian/Warden with date :
10. Recommendation of the Teacher concerned : Recommended/ Not Recommended
11. Recommendation of the HoD : Recommended/ Not Recommended
12. Signature of the HoD :
13. Signature of the Principal :

Place:

Date:



HINDUSTHAN COLLEGE OF SCIENCE AND COMMERCE
Ingur, Perundurai- 638 052.

DEPARTMENT OF _____

Requisition Form for Bonafide Certificate

Date:

Name :

Father's Name :

Register No. :

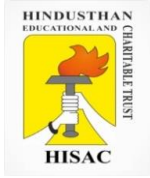
Class :

Reason of getting
a bonafide certificate :

Parent's signature

Class Incharge

Principal



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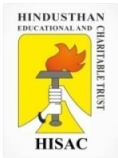
DEPARTMENT OF _____

ON DUTY FORM

S.NO	NAME	CLASS	DATE	NO.OF DAYS	SIGNATURE OF STUDENT	REMARKS

SIGNATURE OF CLASS INCHARGE

PRINCIPAL



HINDUSTHAN COLLEGE OF SCIENCE AND COMMERCE

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Application for Condonation of Shortage of Attendance

1. Register Number	
2. Name of the Candidate	
3. Academic Year	
4. Class in which the candidate is studying	
5. Shortage of attendance in percentage	
6. Reasons for the shortage of attendance	
7. Particulars of Condonation fee paid	Rs.

DECLARATION

I hereby declare that due to ill health I could not maintain 75% attendance. I request to accept my condonation and assure that this will not repeated in future.

Signature of the student

Office use

Permitted/Not Permitted

Signature of the HoD

Principal