Cost of Application form Rs.50/-

SJCM/CE/F002/2025

ST JOSEPH'S COLLEGE MOOLAMATTOM AUTONOMOUS

APPLICATION FOR REGISTRATION TO THE BBA(HONOURS) EXAMINATIONS

FIRST SEMESTER EXAMINATION NOVEMBER 2025

Permanent Register Number:		
APAAR Number:		
Name of Candidate:		
Name of Programme:	Aided/SF	
Date of Birth (DD/MM/YY):	Gender:	
Address for communication with phone number And Email:		
*Whether Eligible for Fee concession:	☐ Yes ☐ No	If Yes, State Category: Signature of the Principal:
*State whether there is Sufficient Attendance for each course:	☐ Yes ☐ No	If No, State whether applied for Condonation: ☐ Yes ☐ No Signature of the Principal:

****Details of Course**

1. Ability Enhancement Course (ENGLISH) 1) Title……

2. Ability Enhancement Course (Other Language) 1) Title……

3. ***Major/Minor Courses

(a)Discipline Specific Course 1) Title……

2) Title……

3) Title……

(b)Core Courses 1) Title……

2) Title……

3) Title……

4) Title……

(c)Discipline Specific Electives 1) Title……

2) Title……

	3) Title…….
(d)Discipline Capstone Elective	1) Title……
	2) Title……
	3) Title……
(e)Discipline Capstone Components	1) Title……
	2) Title……
	3) Title……
4.Value added course	1) Title……
5.Multi Disciplinary Elective(whichever is applicable)	1) Title……
6. Skill Enhancement Course	1) Title……
7. Project/Viva/Dissertation	
8. Internship	

Signature of the Candidate: **Signature of the Head of the Department:**

*Column No.6&7 should be recommended by the Principal

**Details of courses should be attested compulsorily by the HOD to ensure that the titles of the papers are entered correctly by the candidate.

***Whichever is applicable

Place:

Date: Signature of the Principal with office seal