

23. EMIS Number

# DWARAKA DOSS GOVERDHAN DOSS VAISHNAV COLLEGE (AUTONOMOUS) RE-ACCREDITED BY NAAC WITH A++ GRADE in (3<sup>rd</sup> Cycle)

## COLLEGE WITH POTENTIAL FOR EXCELLENCE - LINGUISTIC MINORITY INSTITUTION ARUMBAKKAM, CHENNAI - 600 106.

#### DEPARTMENT OF ACCOUNTING AND FINANCE

## STUDENT PROFILE

Roll Number	:	
Class & Section	:	Passport Size
Name of the Student	:	Photo
Date of Birth	:	
Gender	: Male/ Female/Transgender	
Register Number	:	
Department	:	
Language (Chosen in Degree)	: Tamil / Hindi / Sanskrit	
Permanent Address	:	
Address for Communication	:	
Region	: Urban / Semi-Urban / Rural	
Student Mobile Number	:	
E-Mail Id	:	
Nationality	:	
Religion	:	
Category	: OC / BC / BCM / MBC / DNC /	SC / SCA / ST
Mother Tongue	:	
State / District	:	
Hostler / Day-scholar	:	
If Day-Scholar, (Mode of Transport)	:	
in Day Scholar, (1910de of Transport)		
Bus Route	:	
	Name of the Student  Date of Birth  Gender  Register Number  Department  Language (Chosen in Degree)  Permanent Address  Address for Communication  Region  Student Mobile Number  E-Mail Id  Nationality  Religion  Category  Mother Tongue  State / District	Name of the Student  Date of Birth  Gender  Register Number  Department  Language (Chosen in Degree)  Permanent Address  Address for Communication  Region  Region  : Urban / Semi-Urban / Rural  Student Mobile Number  E-Mail Id  Nationality  Religion  Category  Mother Tongue  State / District  : Male/ Female/Transgender  : Male/ Female/Transgender  : Urban / Semi-Urban / Rural  : OC / BC / BCM / MBC / DNC / Mother Tongue  State / District

### **FAMILY DETAILS**

		Father	Mother	Guardian
24.	Name			
25.	Qualification			
26.	Occupation			
27.	Office Address			
28.	Mobile No.			
29.	Email ID			
30.	Annual Income			

## **Details of Previous Qualification and Institution (Where Student Studied Last)**

31.	Qualification	Name of the Institution	% Of Marks	Month & Year of Passing
a.				
b.				
c.				
d.				

### **MEDICAL DETAILS**

Blood Group:	Height:	Weight:
Allergic To:	Diseases Suffered:	
Family Doctor Name:		
Family Doctor Ph. No:		
Family Doctor Address:		
Covid 19 – Vaccinated	: Yes / No	
If yes, No of Doses	: 1 <sup>st</sup> / 2 <sup>nd</sup> / Booster	
If yes, Name of the Vaccine	:	

#### EXTRA-CURRICULAR ACTIVITIES/AWARDS/ACHIEVEMENTS

1.	4.	
2.	5.	
3.	6.	