



# ASSUMPTION COLLEGE

**Autonomous** Reaccredited by NAAC with 'A' Grade

Changanassery P.O, Kottayam Dt, Kerala, South India - 686 101

## APPLICATION FOR CLAIMING GRACE MARKS

### FOR PROFICIENCY IN CULTURAL ACTIVITIES/SPORTS/NCC/NSS

(Note: Copies of the Marklists / Grade cards, Certificates of merit and its photocopy shall be attached to the application form)

1.	Name of the Student (in BLOCK letters)		
2.	Residential Address and Phone No		
3.	Name of the programme		
4.	Permanent Register number		
5.	Academic year and Semesters for which the claim is made	Academic year	Semesters
6.	Achievements during the academic year .....		
	Level of event in Sports /Cultural activity/NCC/NSS	Name and dates of event	Position
	i.		
	ii.		
	lii.		
	lv.		
	v.		
	vi.		

I hereby affirm that details of my achievements given above are true. Copies of the Marklists / Grade cards, Certificates of merit and its photocopy are enclosed herewith. I request that eligible grace marks may be awarded to me.

Place :

Date :

**Name & Signature of the candidate**

(PTO)

**SPACE FOR VERIFICATION BY TEACHER IN CHARGE OF SPORTS/CULTURAL ACTIVITIES/NCC/NSS**

Certified that I have personally verified the entries given on pre page regarding the achievements of .....(Name of the applicant) and found correct. I hereby recommend that eligible grace mark may be awarded to her.

Place :

Date :

(Office seal)

**Signature**

(Head of Physical Education Department/  
Associate NCC Officer/NSS Programme Officer/  
Staff advisor to College Union)

**CERTIFICATE BY THE PRINCIPAL**

Certified that Kum. ....  
is/was a bonafide student of this college studying in .....  
..... (Class & Programme) during the academic year .....  
And that the facts given by the student in this application are found correct.

Place :

Date :

(Office seal)

**Signature of the Principal**

Details of the documents attached (to be filled in by the applicant).

- 1.
- 2.
- 3.
- 4.
- 5.

For office use only

No	Events / performance	Percentage of GM / GGP	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
<b>TOTAL</b>			

Signature of the Office Superintendent

Approved

**Controller of Examinations**