



ARUL ANANDAR COLLEGE (AUTONOMOUS)
KARUMATHUR – 625514
APPLICATION OF MID-DAY MEAL SCHEME (AIDED)

Name of the Student: _____ Reg. No.: _____

Major: _____ Native Place: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____

Total Members in the Family: _____

Brothers: _____ Elder: _____ Younger: _____

Sisters: _____ Elder: _____ Younger: _____

Religion: Catholic / Other Christian / Hindu / Muslim / Any Other

Community: SC / ST/MBC / BC / FC

Status Orphan / Semi-orphan / Separated Parents

Reasons for availing Mid-Day Meal Scheme: _____

Did you avail Mid-Day Meal Scheme last academic year? Yes / No

If yes, how many days you availed it?

Are you an Ex-Hosteller? Yes/No

If yes state the reason for relieving from hostel?

Present Address of the Parents with Mobile Number: _____

Signature of Applicant

Remarks and Recommendation of Mentor: _____

Signature of Mentor

Remarks and Recommendation of HoD: _____

Signature of Head

Dean of Students

Principal

