



ARUL ANANDAR COLLEGE (AUTONOMOUS)

KARUMATHUR – 625514

APPLICATION OF MID-DAY MEAL SCHEME (SF)

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

Deputy Principal

Principal