



ABILITY FOUNDATION
4 / 23, THIRD CROSS STREET,
RADHAKRISHNAN NAGAR,
THIRUVANMIYUR, CHENNAI 600 041
www.abilityfoundation.org



SATHYABAMA
INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
JEPPIAAR NAGAR, RAJIV GANDHI SALAI,
CHENNAI 600 119. TAMIL NADU
www.sathyabamauniversity.ac.in

APPLICATION FOR ADMISSION: 2018 – 2019
B.COM / BBA / B.Sc / B.A

1. Applicant should be a person with disability.
2. Applicant should have good English communication skills.
3. Applicant should have passed HSC (10+2) or its equivalent exam in 2017 or after

COURSES OFFERED

(Medium of instruction for ALL courses: English)

| Name of the Course | Duration |
|---|----------|
| BACHELOR OF COMMERCE (B.COM) | 3 years |
| BACHELOR OF BUSINESS ADMINISTRATION (BBA) | 3 years |
| Applicant should have passed HSC (10+2) or its equivalent exam with Mathematics, Economics and Commerce. | |

| Name of the Course | Duration |
|--|----------|
| BSC - VISUAL COMMUNICATION | 3 years |
| BSC - PHYSICS | 3 years |
| BSC - CHEMISTRY | 3 years |
| Applicant should have passed HSC (10+2) or its equivalent exam with Mathematics, Physics and Chemistry. | |

| Name of the Course | Duration |
|--|----------|
| B.A - ENGLISH | 3 years |
| Applicant should have passed HSC (10+2) or its equivalent exam in English Medium and must have secured at least 60% in English. | |

Completed application form to reach ABILITY FOUNDATION on or before Wednesday 6th June 2018

| If sending by Email: | If sending by Post / Courier: |
|--|--|
| The form, photo & copy of the mark sheets to be sent as attachments in a single mail to varsity@abilityfoundation.org | Download and send the completed application form and your mark sheets, ONLY to ABILITY FOUNDATION , 4 / 23, 3rd Cross Street, Radhakrishnan Nagar, Thiruvanmiyur, Chennai 600041. |

For queries please call **+91 99623 86773** or e-mail: varsity@abilityfoundation.org

APPLICATION FORM FOR ADMISSION: 2018 – 2019

B.COM / BBA / B.Sc / B.A

Please affix passport
size photo

1. SELECTION OF COURSE

COURSE APPLIED FOR : B.COM / BBA / B.Sc / B.A

NAME OF THE COURSE :

2. PERSONAL DETAILS

a) NAME :

b) DATE OF BIRTH :

c) GENDER :

d) BLOOD GROUP :

e) NATIONALITY :

f) COMMUNITY :

g) RELIGION :

3. DETAILS OF DISABILITY:

a) Nature of disability (Please underline):

Hearing / Orthopedic / Visual / Multiple Disability/ Others

b) Please give details of disability in not more than 50 words:

4. FATHER / GUARDIAN'S NAME :

5. FATHER / GUARDIAN'S OCCUPATION :

6. MOTHER / GUARDIAN'S NAME :

7. MOTHER/ GUARDIAN'S OCCUPATION :

8. ADDRESS FOR COMMUNICATION :
CITY / DISTRICT :
PINCODE :
STATE :

9. PERMANENT ADDRESS :
CITY / DISTRICT :
PINCODE :
STATE :

10. TELEPHONE NUMBER (with STD code) :

11. MOBILE NUMBER 1 :

12. MOBILE NUMBER 2 :

13. E-MAIL ID :

14. DETAILS OF EXAMINATIONS PASSED

CLASS XII or EQUIVALENT EXAM DETAILS

- a) QUALIFYING EXAM : HSC / CBSE (+2)/ ICSE (+2) / OTHERS (specify)
b) MEDIUM OF INSTRUCTION :
c) MONTH & YEAR OF PASSING :
d) TOTAL PERCENTAGE :
e) NAME OF SCHOOL :
f) ADDRESS OF SCHOOL :

(Please enclose copy of the Class XII marks sheet. Applicants awaiting FINAL MARKSHEET may apply with half yearly exam report. The final mark sheet has to be produced as soon as you receive it.)

CLASS X or EQUIVALENT EXAM DETAILS

- a) QUALIFYING EXAM : SSLC / CBSE / ICSE / OTHERS (specify)
b) MEDIUM OF INSTRUCTION :
c) MONTH & YEAR OF PASSING :
d) TOTAL PERCENTAGE :
e) NAME OF SCHOOL :
f) ADDRESS OF SCHOOL :

(Please enclose copy of the Class X marks sheet)

15. HOSTEL ACCOMMODATION:

DO YOU NEED HOSTEL ACCOMMODATION : YES / NO

16. REASONABLE ACCOMMODATION:

DO YOU NEED ANY EXTRA ASSISTANCE / ASSISTIVE DEVICE / ASSISTIVE TECHNOLOGY WITHIN THE UNIVERSITY CAMPUS : YES / NO

If YES, please specify

I declare that all the above details are true

Signature of Applicant:

Name of the Applicant:

Date:

Place:

To Enclose

1. Passport size photo to be pasted
2. Copy of Class X or equivalent mark sheet
3. Copy of Class XII or equivalent final mark sheet OR half yearly exam report
4. Disability Certificate

Disclaimer

Recommendation for admission is solely at the discretion of Ability Foundation.

No correspondence whatsoever in this regard will be entertained.

APPLICATION FORM FOR ADMISSION: 2018 – 2019

B.E / B.TECH

Please affix passport
size photo

1. SELECTION OF COURSE

COURSE APPLIED FOR : B.E / B.TECH

NAME OF THE COURSE :

2. PERSONAL DETAILS

a) NAME :

b) DATE OF BIRTH :

c) GENDER :

d) BLOOD GROUP :

e) NATIONALITY :

f) COMMUNITY :

g) RELIGION :

3. DETAILS OF DISABILITY:

a) Nature of disability (Please underline):

Hearing / Orthopedic / Visual / Multiple Disability/ Others

b) Please give details of disability in not more than 50 words:

4. FATHER / GUARDIAN'S NAME :

5. FATHER / GUARDIAN'S OCCUPATION :

6. MOTHER / GUARDIAN'S NAME :

7. MOTHER/ GUARDIAN'S OCCUPATION :

ADDRESS FOR COMMUNICATION :
CITY / DISTRICT :
PINCODE :
STATE :

9. PERMANENT ADDRESS :
CITY / DISTRICT :
PINCODE :
STATE :
10. TELEPHONE NUMBER (with STD code) :
11. MOBILE NUMBER 1 :
12. MOBILE NUMBER 2 :
13. E-MAIL ID :

14. DETAILS OF EXAMINATIONS PASSED

CLASS XII or EQUIVALENT EXAM DETAILS

- a) QUALIFYING EXAM : HSC / CBSE (+2)/ ICSE (+2) / OTHERS (specify)
b) MEDIUM OF INSTRUCTION :
c) MONTH & YEAR OF PASSING :
d) TOTAL PERCENTAGE :
e) NAME OF SCHOOL :
f) ADDRESS OF SCHOOL :

(Please enclose copy of the Class XII marks sheet. Applicants awaiting FINAL MARKSHEET may apply with half yearly exam report. The final mark sheet has to be produced as soon as you receive it.)

CLASS X or EQUIVALENT EXAM DETAILS

- a) QUALIFYING EXAM : SSLC / CBSE / ICSE / OTHERS (specify)
b) MEDIUM OF INSTRUCTION :
c) MONTH & YEAR OF PASSING :
d) TOTAL PERCENTAGE :
e) NAME OF SCHOOL :
f) ADDRESS OF SCHOOL :

(Please enclose copy of the Class X marks sheet)

15. HOSTEL ACCOMMODATION:

DO YOU NEED HOSTEL ACCOMMODATION : YES / NO

16. REASONABLE ACCOMMODATION:

DO YOU NEED ANY EXTRA ASSISTANCE / ASSISTIVE DEVICE / ASSISTIVE TECHNOLOGY WITHIN THE UNIVERSITY CAMPUS : YES / NO

If YES, please specify

I declare that all the above details are true

Signature of Applicant:

Name of the Applicant:

Date:

Place:

To enclose:

1. Passport size photo to be pasted
2. Copy of Class X or equivalent mark sheet
3. Copy of Class XII or equivalent final mark sheet OR half yearly exam report
4. Disability Certificate

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APPLICATION FOR ADMISSION: 2018 – 2019 MBA COURSES

ELIGIBILITY:

1. Applicant should be a person with disability.
2. Applicant should have passed bachelor's degree in Engineering / Arts / Sciences.
3. Applicant should have had Mathematics as a subject at least upto HSC (10 +2) .
4. Applicant should have completed last degree in 2016 / 2017 or thereafter.
5. Applicant should have completed their degree/s without any arrears.
6. Applicant should have good English communication skills.

Completed application form to reach ABILITY FOUNDATION on or before Wednesday 6th June 2018

| If sending by Email: | If sending by Post / Courier: |
|--|---|
| The form, photo & copy of the mark sheets to be sent as attachments in a single mail to varsity@abilityfoundation.org | Download and send the completed application form and your mark sheets, ONLY to ABILITY FOUNDATION , 4 / 23, 3rd Cross Street, Radhakrishnan Nagar, Thiruvanmiyur, Chennai 600041 |

For queries please call +91 99623 86773 or e-mail: varsity@abilityfoundation.org

APPLICATION FOR ADMISSION: 2018 – 2019
MBA COURSES

1. PERSONAL DETAILS

- a) NAME :
- b) DATE OF BIRTH :
- c) GENDER :
- d) BLOOD GROUP :
- e) NATIONALITY :
- f) COMMUNITY :
- g) RELIGION :

Please affix passport
size photo

2. DETAILS OF DISABILITY:

- a) Nature of disability (Please underline):

Hearing / Orthopedic / Visual / Multiple Disability/ Others

- b) Please give details of disability in not more than 50 words:

- 3. FATHER / GUARDIAN'S NAME :
- 4. FATHER / GUARDIAN'S OCCUPATION :
- 5. MOTHER / GUARDIAN'S NAME :
- 6. MOTHER/ GUARDIAN'S OCCUPATION :
- 7. ADDRESS FOR COMMUNICATION :

CITY / DISTRICT :

PINCODE :

STATE :

PERMANENT ADDRESS :

CITY / DISTRICT :

PINCODE :

STATE :

9. TELEPHONE NUMBER(with STD code) :

10. MOBILE NUMBER 1 :

11. MOBILE NUMBER 2 :

12. E-MAIL ID :

13. DETAILS OF EXAMINATIONS PASSED

GRADUATION

a) QUALIFYING EXAM (e.g. B.A / B.COM / B.E) :

b) NAME OF SPECIALISATION (e.g. HISTORY / EEE) :

c) MONTH & YEAR OF PASSING :

d) TOTAL PERCENTAGE:

e) NAME OF THE COLLEGE :

f) ADDRESS :

(Please enclose copy of mark sheets of all semester. Candidates awaiting FINAL MARKSHEET may also apply. The final mark sheets and Provisional Certificate has to be produced as soon as you receive it.)

CLASS XII or EQUIVALENT EXAM DETAILS

a) NAME OF SCHOOL :

b) MEDIUM OF INSTRUCTION :

c) MONTH & YEAR OF PASSING :

d) TOTAL PERCENTAGE :

(Please enclose copy of the Class XII marks sheet)

X or EQUIVALENT EXAM DETAILS

- a) NAME OF SCHOOL :
- b) MEDIUM OF INSTRUCTION :
- c) MONTH & YEAR OF PASSING :
- d) TOTAL PERCENTAGE :

(Please enclose copy of the Class X marks sheet)

14. WORK EXPERIENCE:

DO YOU HAVE ANY WORK EXPERIENCE : YES / NO

If YES, attach Resume

15. HOSTEL ACCOMMODATION:

DO YOU NEED HOSTEL ACCOMMODATION : YES / NO

16. REASONABLE ACCOMMODATION:

DO YOU NEED ANY EXTRA ASSISTANCE / ASSISTIVE DEVICE / ASSISTIVE TECHNOLOGY WITHIN THE
UNIVERSITY CAMPUS : YES / NO

If YES, please specify.

I declare that all the above details are true.

Signature of Applicant:

Name of the Applicant:

Date:

Place:

To enclose :

1. Passport size photo to be pasted
2. Copy of Provisional Degree Certificate if available
3. Mark sheets for each semester of the course
4. Copy of Class XII or equivalent final mark sheet
5. Copy of Class X or equivalent final mark sheet
6. Resume
7. Disability Certificate

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