APPLICATION FOR ADMISSIONS 20 - 20

Course Applied for .................................................................

1. Name of the Applicant with initial (as in Qualifying Certificate - in BLOCK letters):

2. Father’s Name :

3. Address for Communication :

Pin code  
E-Mail ID

4. Sex : M  F

5. Community: SC ST MBC BC OC
6. Date of Birth:

<table>
<thead>
<tr>
<th>Date</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

7. Nationality: ______________________

8. Details of Educational Qualifications:

<table>
<thead>
<tr>
<th>Course Studied</th>
<th>Name of the Degree</th>
<th>Major</th>
<th>Month &amp; Year of Passing</th>
<th>Name of the Inst./College/University</th>
<th>Percentage of Marks/Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hr. Secondary</td>
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<tr>
<td>Under Graduate</td>
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<td>Post Graduate</td>
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(Enclose Attested copies of Plus Two Mark Sheet and UG/PG Provisional Certificate or Degree Certificate. *Individual Mark Statements will not be accepted*)

9. Particulars of Demand Draft:

D.D.No: _______________________________ Date: _______________________________

Amount Rs._________________________ Bank______________________________

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Place:
Date: ______________________________ Signature of the Candidate

Note: The following documents must accompany the filled-in application:
1. Attested Xerox copy of Hr. Secondary Mark Statement, Provisional or Degree Certificate.
2. Demand Draft for Prescribed fee
3. Filled-in Identity Card with Stamp Size Photo affixed

Admitted/ Not Admitted

<table>
<thead>
<tr>
<th>Admitted/ Not Admitted</th>
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</thead>
<tbody>
<tr>
<td>Date of Admission: ____________</td>
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</table>

Signature of the Collaborating Institution’s Principal
With office Seal

DIRECTOR, Collaborative Programmes
Alagappa University.

Received back the Original Certificate:

Signature of the Candidate: ______________________________