

Appln.No.

For Office use

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(Accredited with A+ Grade by NAAC (CGPA : 3.64) in the Third Cycle) ,
 Graded as Category-I University and granted autonomy by MHRD-UGC)

COLLABORATIVE PROGRAMMES

APPLICATION FOR ADMISSIONS 20 - 20

To be filled in by the Collaborating Institution:
 Name of the Institution:

 Code No.

AFFIX STAMP SIZE
 PHOTO AND TO BE
 ATTESTED BY A
 GAZETTED OFFICER

(To be filled in by the Candidate in his/her own handwriting in **Block Letters**)

Course Applied for

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

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2. Father's Name :

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3. Address for Communication :

Pin code

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E-Mail ID

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Phone with
STD Code

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Mobile

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4. Sex :

M	F
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5. Community:

SC	ST	MBC	BC	OC
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6. Date of Birth :

Date		Month		Year			

7.Nationality : _____

8. Details of Educational Qualifications:

Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the Instin./College/ University	Percentage of Marks/ Class
Hr. Secondary					
Under Graduate					
Post Graduate					

(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

Signature of the Collaborating Institution' Principal With office Seal	Admitted/ Not Admitted
	Date of Admission _____
	DIRECTOR , Collaborative Programmes Alagappa University.

Received back the Original Certificate :

Signature of the Candidate :

