Appln.No.



For Office use

## **ALAGAPPA UNIVERSITY**, KARAIKUDI-630 003

(A State University Established by the Government of Tamilnadu) [Accredited with 'A+" Grade by NAAC(CGPA:3.64) in the Third Cycle]

DIRECTORATE OF DISTANCE EDUCATION

## **APPLICATION FOR ADMISSIONS** [Non - Semester System] for the ACADEMIC YEAR 201\_ - 201\_ /

CALENDAR YEAR 201

AFFIX STAMP SIZE PHOTO AND SIGN IN THE BOX **GIVEN BELOW** 

To be filled in by the Learning Centre: Name of the Centre :

Code No.

Signature of the Student

| Particulars of Demand Draft:         D.D.NoRsDate:Bank         Note: The candidate should write his/her name on the reverse of the demand draft.         |
|--|
| (To be filled in by the Candidate in his/her own handwriting in <b>Block Letters</b> )   |
| Course Applied for   |
| Medium of Instruction :     English     Tamil       (Please Tick)     Tamil  |
| Option for Language under Part-I (B.A./B.Sc. only): Tamil Hindi Communication Skills (Please Tick)   |
| (Free Course without tuition fee): (Processing fee Rs.100/-)<br>Certificate Programmes in : (English Medium Only)(Candidate can opt only one programme.) |
| 1. Tourism       2. Retail Sales       3. Cost and Management Accounting       4. Financial Accounting   |
| 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 :         |      |                 |                   |     |   |  |
|---------------------|------|-----------------|-------------------|-----|---|--|
| Phone with STD Code |      |                 |                   |     |   |  |
| Mobile              |      |                 |                   |     |   |  |
| 4. Sex : M F        | 5. C | SC ST MBC BC OC |                   |     |   |  |
| 6. Date of Birth :  | Date | Month           | (Attach C<br>Year | omm | unity Certificate – Xerox copy) 7.Nationality : |  |
|                     |      |                 |                   |     |   |  |

8. Details of Educational Qualifications:

| Course<br>Studied | Name of the<br>Degree | Major | Month & Year of<br>Passing | Name of the<br>Institution/College/<br>University | Percentage of<br>Marks/<br>Class |
|-------------------|-----------------------|-------|----------------------------|---|----------------------------------|
| Hr.<br>Secondary  |                       |       |                            |   |                                  |
| Under<br>Graduate |                       |       |                            |   |                                  |
| Post<br>Graduate  |                       |       |                            |   |                                  |

(Enclose Original and copies of Plus Two Mark Sheet and UG/PG Provisional Certificate or Degree Certificate duly attested by Gazetted Officer) Individual Mark Statements will not be accepted)

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.

Date:

Signature of the Candidate

Note: The following documents must accompany the filled-in application :

- 1. Original and Copy of Hr. Secondary Mark Statement, UG Provisional or Degree Certificate and Markstatement duly attested by Gazetted Officer.
- Filled-in Student Index Card with stamp size photo affixed.
   Demand Draft for Prescribed fee (Refer to Prospectus)
   Xerox copy of Community Certificate (if applicable)

| Certified that   |                         |       |
|--|-------------------------|-------|
| * Application is scrutinised   | Admitted / Not Admitted |       |
| * Original Certificates are verified and returned  |                         |       |
|  | Date of Admission       |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         | FOTOD |
| Signature of the Programme Officer with seal   | ASST. DIRECTOR DIR      | ECTOR |
| * Copies of the certificates duly attested by Gazetted Officer are verified<br>* Candidate is found eligible<br>Signature of the Programme Officer with seal | d Date of Admission     |       |

Received back the Original Certificates:

(Signature of the Candidate)



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STUDENT INDEX CARD

| Appln. No: Enrl.No:                          |       |   |
|--|-------|---|
| PROGRAMME:                                   | <br>  |   |
|  | NAME: | AFFIX STAMP<br>SIZE PHOTO<br>AND SIGN<br>IN THE BOX |
| DATE OF BIRTH :                              |       | GIVEN BELOW   |
| ADDRESS:                                     |       | Signature of the Studen                             |
|  |       |   |
| NAME OF THE LEARNING<br>CENTRE & CENTRE CODE |       |   |