For office use									



#### ALAGAPPA UNIVERSITY, KARAIKUDI -630003

(A State University Established by the Government of Tamil Nadu, Accredited with "A+" Grade by NAAC (CGPA: 3.64) in the Third Cycle, Graded as Category-I University and Granted Autonomy by MHRD-UGC)



Vallal Alagappar Valaagam

## DIRECTORATE OF DISTANCE EDUCATION

Application for ALL MBA & MSW [Semester Pattern] for the ACADEMIC YEAR 201\_- 201\_/
CALENDAR YEAR 201

CALLIDAN ILAN 201_								AFFIX CTAM	.n		
	o be filled in by the Learning ame of the Centre:	g Centre:						AFFIX STAM SIZE PHOTO AND SIGN IN THE BOX GIVEN BELO			
Code No.											
							S	ignature of the car	ndidate		
D N	articulars of Demand Draft D.D.No: ote: The candidate should Type of concession: PH	Rs		Date:		emano		Others: 25%	,		
	admissable			· -							
Cou	irse Applied for (Please put	√ mark in t	he app	propriate box)							
MB	A(General) TM / EM		MBA	(Education Manag	ement)		MBA (Marketing	Management) TM /	EM		
MB	A(International Business)	MBA	MBA (HRM) TM / EM ME			MBA (System Management)					
MB	A (Banking & Finance)	MBA	MBA (Retail Management) MBA			MBA (Prod. & O	BA (Prod. & Operations Management)				
MB	A (Corp. Secretaryship)	MBA(Technology Management) MBA (Co-			MBA (Co-opera	perative Management)					
MB	A (Project Management)		MBA (Logistics Management) MBA (5 Y			MBA (5 Years Ir	Years Integrated) TM / EM				
MB	A (Hospital Management)		MBA	MBA (Corporate Management) MSW			MSW				
MB	MBA (Tourism)  MBA (Financial Management)										
(Ā	Specialization: II Year (MBA GENERAL)  (A Candidate should select any one group from the following three Groups. If Group A is selected for III Semester, the same Group A should be selected for IV semester. Similarly other Groups)								mester,		
	Group A			Group B			G	roup C			
	Human Resource			Marketing	,		Fi	nance			

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ı am	"
I WIII	LL

Communication skills

# Specialization: V Year (MBA FIVE YEARS INTEGRATED) (A Candidate should select any one group in the X semester from the following four Groups)

<b>Marketing</b>	Group B Finance		Group  Personi	Group D System					
ialization: II Ye	ar (MSW) ect any one group in th	e IV seme	ster from	the follow	wing fo		•		
Group A Community Development	Group B Medical and Psychiatr Social work	ic	Gro Human Mana	Group D Family and child Welfare					
ame of the Applicant	with initial (as in Qualifyi	ing Certific	ate – in BL	OCKlette	rs):				
ather's Name:		<u>                                     </u>							
ddress for Communi	cation:								
	E-Mail ID:	:							
n Code:	E-Mail ID:	: Mobile:							
n Code:	E-Mail ID:	Mobile:	BC   MBC		C ST -Xerox	_			
n Code:  with de:  4. Sex: M F  6. Date of Birth:	E-Mail ID:	Mobile:		ertificate		copy)			

9.	Details of Educational	Qualifications:

Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the Institution/College/ University	Percentage of Marks/ Class
SSLC					
HSC					
Under Graduate					
Post Graduate					

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 SSLC, HSC Mark Statement duly attested by Gazetted Officer.
- 2. Original and Copy of UG Provisional or Degree Certificate and Mark statement duly attested by Gazetted Officer.
- 3. Individual Mark Statements will not be accepted.

**DY.DIRECTOR** 

- 4. Filled-in Student Index Card with stamp size photo affixed.
- Demand Draft for Prescribed fee (Refer to Prospectus).
   Copy of Community Certificate duly attested by Gazetted Officer (ifapplicable).
- 7. Xerox copy of Transfer Certificate and Aadhaar duly attested by Gazetted Officer.

•							
Certified that							
* Application is scrutinized							
* Original Certificates are verified and returned							
* Copies of the certificates duly attested by Gazetted Officer are verified	Received back the original certificates						
* Candidate is found eligible							
	O's set or efficiency little						
	Signature of the candidate						
Signature of the Programme Officer with seal							
Admitted/ Not Admitted							
Date of Admission							

DIRECTOR



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Vallal Alagappar Valaagam

DIRECTORATE OF DISTANCE EDUCATION

#### STUDENT INDEX CARD

Appln. No: Enrl.No:							
PROGRAMME	_			AFFIX S	STAMP PHOTO		
DATE OF BIRTH:  Date Month Year				AND S IN TH			
Sex: M F T			Signa	iture of	the ca	andid	ate
ADDRESS:		 					
						_	
Pin code Emai ID:							
Phone with STD code: Mobile:							
NAME OF THE LEARNING CENTRE & CENTRE CODE							