

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 College/ University	% of Marks/ Class
Higher Secondary					
Under Graduation					
Post Graduation					

(Enclose Attested copies of Plus Two Mark Sheet and UG/PG Provisional Certificate or Degree Certificate. **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.

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. Filled-in Identity Card with Stamp Size Photo affixed

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