GUIDELINES TO FILL IN THE APPLICATION

- 1. Please follow the instructions given in the application form to fill in the details.
- 2. Ensure that all the relevant facts are filled in. Incomplete application forms will not be accepted.
- 3. Ensure all the self-attested photocopies of the following documents are attached:
- 12th Marksheet
- UG degree certificate or provisional certificate till the degree certificate is issued.
- 5th-semester mark sheet (those in the final semester), 6th-semester results
- TC from the previous educational institution (if applicable)
- 2 passport-sized photographs (excluding the one in the application)
- Aadhar card
- The photo attached to the application form has to be self-attested.

4. Send a scanned copy of the attached documents to mscimhr@gmail.com for uploading to the university portal.

6. Please pay the application fee of RS. 360/- to the following bank account:

ACCOUNT NAME: M.S.Chellamuthu Trust and Research Foundation

BANK NAME: Punjab National Bank

BRANCH: Anna Nagar, Madurai-625020

ACCOUNT NUMBER: 3970002100011240

IFSC CODE: PUNB 0397000

REFUNDS WILL NOT BE PROVIDED UNDER ANY CIRCUMSTANCES.

7. Once the payment is made, please send the hard copy of the application form, along with required documents, with the PROOF OF PAYMENT to:

The Principal, MS Chellamuthu Institute of Mental Health and Rehabilitation, Plot 7, 5th street, Lake area (near Maatuthavani), Madurai - 625107 Ph. No: 9629911357



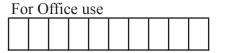
MS CHELLAMUTHU

INSTITUTE OF MENTAL HEALTH AND REHABILITATION Promoting leadership in mental health care The HRD initiative of MS Chellamuthu Trust and Research Foundation)



A Collaborative Institution of ALAGAPPA UNIVERSITY, KARAIKUDI

Appln.No.





M S CHELLAMUTHU INSTITUTE OF MENTAL HEALTH AND REHABILITATION (An HRD Initiative of M.S.Chellamuthu Trust and Research Foundation, Madurai.)



ALAGAPPA UNIVERSITY, KARAIKUDI

(A State University Accredited with 'A' Grade by NAAC)

COLLABORATIVE PROGRAMS

APPLICATION FOR ADMISSION 2023 – 2024/25

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

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

Code No.

(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):

- 2. Father's Name :
- 3. Address for Communication :

Pin code

E-Mail ID

Phone with STD Code

Mobile

4. Sex :

M F

SC ST	MBC	BC	OC
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7. Nationality:

6. Date of Birth:

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 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)

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

Admitted/ Not Admitted

Date of Admission

Signature of the Principal of the Collaborating Institution. With office Seal DIRECTOR, Collaborative Programs Alagappa University.