



Enable | Enlighten | Enrich

KARPAGAM UNIVERSITY
(Under Section 3 of UGC Act 1956)

KARPAGAM UNIVERSITY

Karpagam Academy of Higher Education
(Under Section 3 of UGC Act 1956)
SCHOOL OF DISTANCE EDUCATION

COIMBATORE - 641021

Affix
Passport
Size Photo
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DO NOT
STAPLE

Application No:

Specimen Signature of the Candidate (Inside the Box)

ENROLMENT NUMBER
(to be filled in by the Office)

COURSE APPLIED FOR :

1.) Name of the Applicant (as per H.Sc Certificate)

2.) Address for Communication (IN CAPITAL LETTERS)

Pincode: _____ Phone No: _____

Mobile No: _____ E-mail Id: _____

3.) Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(As entered in the School leaving certificates)

4.) Sex: Male

Female

5.) Nationality _____

6.) Social Status (OC/BC/MBC/SC/ST) : _____

7.) Name of the Father /Guardian / Husband: _____

8.) Occupation: _____

9.) Qualifying Examination Passed:

(HSC exam or its equivalent in the case of application to UG/Diploma or Degree exam in the case of application to PG & PG Diploma)

Academic Particulars:

Name of the Institution	Board / University	Reg.No & Year	Class obtained	Major Subject	Percentage of Marks

DECLARATION

I hereby declare that the particulars given above are correct and I will, if admitted, abide by the rules of the University.

Date :

Signature of the Applicant

Enclosure : 1. Degree Certificate/Pass/Provisional certificate 2. Consolidated market List

3. Transfer OR Migration Certificate 4. Identity Card duly filled in

Note only attested Xerox copies of the certificate to be sent., Original should not be enclosed

Eligible Non - Eligible

FOR OFFICE USE ONLY

Certificate Verified
Degree /Provisional / Pass Certificate

Remittance Particulars

Name of the Bank:

2. Transfer OR Migration Certificate
Mark List

Draft / Challan Number :

Amount :

Date:

Checked By:

Verified By:

Admission Confirmed

Official-in-Charge

Section Head

Director

Received back the originals

Student Signature

The following particulars may be furnished in a separate sheet and attached to the Application
(WRITE IN CAPITAL LETTERS)
STUDENT INDEX CARD

NAME :

DATE OF BIRTH:

ENROL NO:

(to be filled by university)

VALID UPTO:

(to be filled by university)

PROGRAMME:

STUDY CENTRE:

ADDRESS:

PHONE NO:

Affix
Passport
Size Photo
Here

SIGNATURE: