Application No: PG/





(Established Under Section 3 of UGC Act, 1956)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021 Ph: +91 422 6453777, 6471113, 14, 15 Fax: +91 422 2980022, 23 E-mail: info@karpagam.com www.karpagamuniv.com

				- , 0		
1.	Course Applying for	:				
2.	Name (in BLOCK letters)(as		DO NOT STAPLE			
3.	Name of Parent/Guardian and Occupation		Paste a recent passport size photograph bearing signature of the candidate			
4.	Sex	:	Male Female			
5.	Date of Birth	:		Age:		
			Date Month Year			
6.	Nationality	:				
7.	Community (Enclose attested Photostat copy of the Community Certificate)	;	OC BC MBC DNC	SC ST		
8.	Address for Communicatio	n (Pl	ease note that this is the address to which the University	will send all correspondence	e)	
				PIN Code		
I				FIIN Code		
	E-mail:			Parent Mobile No. 1		
	Telephone No.			Parent Mobile No. 2	2	
9.	Permanent Address (if different from the above address)					
				PIN Code		
	E-mail:			Parent Mobile No. 1		
	Telephone No.			Parent Mobile No. 2	2	



APPLICATION FOR ADMISSION TO PG PROGRAMME

10. Academic Performance

	Marks obtained	Year Passed	Re	egister Number	Name	of the School & Place	
X Std.							
Plus Two (+2)							
11. Details of Quali	fying Examination ((UG level) Passed	Yet t	o Pass			
a. Degree and E	a. Degree and Branch of study:						
b. Name of the	b. Name of the College :						
c. Name of the	c. Name of the University :						
d. Month and Ye	ear of passing :						
Subjects	Percenta	age obtained upto V Sem	/ II Year	Maximum Ma	ırks	Percentage of Marks	
Part I							
Part II							
Part III (Excluding FC, N	NSS etc.,						
Major / Main							
Ancillary / Allie	d I						
	II						
	III						
	IV						
Attested photostat cop	ies of the certificates m	ust be enclosed)			<u> </u>		
12. Details of other	r PG courses applied	d for in this University					
I 3. Extra curricular	activities : Sport	s NCC N	SS	Others			
14. Hostel facility r	required : Yes	No					

KARPAGAM UNIVERSITY

Details of subjects and marks obtained in the qualifying examination upto V Sem / III Year

Subjects	No. of Attempts	Marks secured	Maximum Marks	% of Marks
Part I				
1				
2				
3				
4				
Class in Part I	Total in Part I			
Part II				
1				
2				
3				
4				
Class in Part II	Total in Part II			
Part III: (Main, Elective & Allied/Ancillary subjects)				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
Class in Part III	Total in Part III			

I certify that all the above statements and entries are true.

Station:

Date : Signature of the candidate



DECLARATION OF THE APPLICANT

I hereby declare that all the information furnished by me in this application and the documents submitted in support of my application are true, complete and correct to the best of my knowledge and belief.

I declare that I will abide by the rules and regulations of the University enforced from time to time.

Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

I declare that my son/Daughter/Ward will abide by the rules and regulations of the University enforced from time to time.

Station:

Date : Signature of the Parent / Guardian

FOR OFFICE USE ONLY					
Name of the Student Enrollment No.:		Application No. Admitted on			
Fees collected vide receipt No.	Dt.	Rs.			
Day Scholar/Hosteller OFFICE-IN-CHARGE REGISTRAR					