



# APPLICATION FOR ADMISSION TO UNDER GRADUATE PROGRAMME

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021 INDIA Phone : 0422-2611146, 2611082 Fax: 0422-2611043  
 Email : info@karpagamuniversity.ac.in Web : www.karpagamuniversity.ac.in

 Application No : 

 Issued on : 

 Course Applying for : 

 Name & Address for Communication : 



 Pin Code : 

 Telephone No :  (Mobile) 

Affix a Passport size  
 Photograph duly attested  
 by the candidate

 1 **Name** (in block letters as per certificate) :

 2 **Name of Parent / Guardian and Occupation** :

 3 **Sex**

 : ☐ Male ☐ Female

 4 **Date of Birth & Age**


 5 **Nationality**

:

 6 **Community**

 : ☐ OC ☐ BC ☐ MBC ☐ DNC ☐ SC ☐ ST

of the Community Certificate)

 7 **Mother Tongue**

:

 8 **Occupation and Monthly Income of the family/guardian** :

 9 **Qualifying Examinations**

10 **Academic Performance :**

S.No	Year of Passing	Name of the School	Marks Obtained
1			
2			

 11 **Higher Secondary or Equivalent : Plus Two (+2)**

 12 **Name of the school address**

Subject	Marks obtained	Year passed	Register No.
Language English Part III	1. 2. 3.		
Total Marks Obtained MPC Average Entrance Marks			CET / TNPCEE

**Name of the Polytechnic**
**Year of Passing**
**Marks obtained V Semseter**
**Marks obtained VI Semseter**

 13 **Extra Curricular Activities**      **SPORTS**      **NCC**      **SOCIAL SERVICE**      **OTHERS**

 14 **Name and Address of the Organization working**

 15 **No. of years of Experience**

 16 **Distance from the Institution**
**DECLARATION BY THE APPLICANT AND PARENT**

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

**Signature of the Parent / Guardian**
**Signature of the applicant**

