Enable | Enlighten | Enrich KARPAGAM UNIVERSITY

APPLICATION FOR ADMISSION TO

MBA PROGRAMME

Karpagam Academy of Higher Education (Established Under Section 3 of UGC Act 1956)

Pollachi Main Road, Eachanari Post, Coimbatore- 641 021, Tamil nadu, INDIA . Phone: 0422-6471113 -5, 2611082, 6453777 Fax: 0422-2611043 Email: info@karpagam.ac.in Web: www.karpagamuniv.com

1	Course Applying for	:	DO NOT STAPLE
2	Name (in block letters) (as in the	HSC Mark Sheet)	
			Paste a recent passport size photograph bearing signature
3	Name of Parent / Guardian and Occupation		of the candidate
4	Sex	: Male Female	
5	Date of Birth	Date Month Year	Age:
6	Nationality	:	
7	Community (Enclose attested Photostat copy of the Community Certificate)	: OC BC MBC DNC	SC ST
8	Address for Communication (Please note that this is the address to which the University will s	end all correspondence)
		PIN Code (
	E-mail	Parent Mobile No.1	
	Telephone No	Parent Mobile No.2	
9	Permanent Address (if different fr	om the above address)	
		PIN Code	
	E-mail	Parent Mobile No.1	
	Telephone No	Parent Mobile No.2	

10	Details of Qualifying Examination (U.G. I	Level) : P	assed Ye	t to Pass
	a. Degree & branch of study :			
	b. Name of the College :			
	c. Name of the University :			
	d. Month & Year of Passing :			
	Subjects	Marks obtained upto V sem / II year	Maximum Marks	Percentage of Marks
	Part I			
	Part II			
	Part III (excluding FC, NSS etc.,)			
	Major / Main			
	Ancillary / Allied			
	II			
	III			
	(Attested photostat copies of the certif	icates must be enclosed)		
11	Details of other PG courses applied fo	r in this University		
12 13	Hostel facility required : Extra Curricular Activities SPORTS	Yes No		
	NCC	:		
	NSS	•		
	OTHE	RS :		



DETAILS OF SUBJECTS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION UP TO 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				
11				
12				
13				
14 15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26	Total in Dart III			
Class in Part III	Total in Part III			

I certify that all the above statements and entries are true $% \left(1\right) =\left(1\right) \left(1\right)$

Station : Signature of the candidate

Date :

DECLARATION OF THE APPLICANT

I hereby declare that all the informations 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

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		Application No				
Enrollment No. :		Admitted on				
Fees collected vide receipt No. :	Dt	Rs.				
Day scholar / Hosteller						
	OFFICE-IN-CHARGE	REGISTRAR				