



# APPLICATION FOR ADMISSION TO POST GRADUATE PROGRAMME IN ENGINEERING

KARPAGAM  
UNIVERSITY

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](mailto:info@karpagam.ac.in) Web : [www.karpagamuniv.com](http://www.karpagamuniv.com)

Course Applying for : (

Name & Address for Communication :

Pin Code :

Telephone No : ( ) Mobile ( )

DO NOT STAPLE

Paste a recent passport size photograph bearing signature of the candidate

1 Name (in block letters as per HSC certificate)

□ □

2 Name of the Parent / Guardian :  
and Address

3 Sex : ☐ Male ☐ Female

4 Date of Birth :   -   -     Age :

5 Nationality :

6 Community : ☐ OC ☐ BC ☐ MBC ☐ DNC ☐ SC ☐ ST  
(Enclose Community Certificate)

7	Mother Tongue	:	
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8 Occupation and Monthly income of the Parent/Guardian :

## 9 Academic Performance

Marks obtained	Year passed	Register No.	Name of the School and Place
X Std			
Plus Two (+2)			

## 10 Degree : College Name / University

Subject	Marks obtained	Year passed	Register No.
1 <sup>st</sup> Sem			
2 <sup>nd</sup> Sem			
3 <sup>rd</sup> Sem			
4 <sup>th</sup> Sem			
5 <sup>th</sup> Sem			
6 <sup>th</sup> Sem			
7 <sup>th</sup> Sem			
8 <sup>th</sup> Sem			

## 11 Extra Curricular Activities

SPORTS

NCC

NSS

OTHERS

## 12 Hostel facility required

☐

Yes

☐

No

## DECLARATION OF THE APPLICANT AND PARENT

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.

Signature of the Applicant

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