



# ALAGAPPA UNIVERSITY

[Accredited with A+ Grade by NAAC (CGPA : 3.64) in the Third Cycle]

KARAIKUDI - 630 003, TAMILNADU, INDIA



Appl. No.:

## APPLICATION FOR M.PHIL PROGRAMMES

Register No.

Office Use

Name of the Bank & Place	D.D. Number	D.D. Date	Amount

1. Programme Name : \_\_\_\_\_
2. Applicant's Name : \_\_\_\_\_  
(In CAPITAL letters)
3. Father's / Guardian's Name : \_\_\_\_\_
4. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affix your  
passport size  
photograph

DIST \_\_\_\_\_ PIN

Mobile No.

e-mail Id. : \_\_\_\_\_

5. Date of Birth (DD/MM/YYYY) :  (  )  Male  Female  Transgender

6. Religion : \_\_\_\_\_

7. Community (✓) :  OC  BC  BC (Muslim)  MBC DNC  SC  SC(A) (Arunthathiyar)  ST Caste : \_\_\_\_\_  
(Attach Photocopy of Certificate)

8. Special Category (If any) : 

Ex-Servicemen	Persons with Disabilities (PWD)			Repatriate / NRI / Foreign
	Blindness / Low Vision	Hearing Impairment	Locomotor Disability	

  
(Attach Photocopy of Certificate)

9. Name of the University / College last studied : \_\_\_\_\_

10. Qualifying Degree : \_\_\_\_\_ Branch \_\_\_\_\_

Total No. of Subjects Studied	Maximum Marks	Marks Obtained	% Marks (or) GPA

(Attach photocopy of all mark statements)

**DECLARATION** : I declare that the particulars given above are true and correct and that I shall, abide by the rules and regulations of the University.

Date :

Signature of Applicant



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## M.PHIL ENTRANCE EXAMINATION HALL TICKET

Register No.  Office Use

Programme Applied : \_\_\_\_\_ Branch \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Date & Time : 16.07.2017 - 10.00 a.m. to 12 noon

Examination Centre :  Office Use

Signature of Applicant

REGISTRAR

(Applicant should be present in the Examination hall 30 minutes before the commencement of Entrance Examination)

Affix your  
Passport size  
Photograph