



# ALAGAPPA UNIVERSITY

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

KARAIKUDI - 630 003, TAMILNADU, INDIA

APPLICATION FOR M.PHIL PROGRAMMES (SUMMER SEQUENTIAL)



Details of Application Fee: D.D.No..... dt.....
Bank....., Amount.....

Appl. No.:

Register No.

Office Use

1. Name of the M.Phil Programme Applied for: \_\_\_\_\_

2. Name of Applicant : \_\_\_\_\_  
(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) :  A.  Male B.  Female C.  Transgender

6. Community (Please ✓) : 

OC	BC	BC(M)	MBC/DNC	SC	SC (A)	ST	OBC
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(Attach Photocopy of Certificate)

7. Special Quota (If any) : 

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

  
(Attach Photocopy of Certificate of Proof)

8. Qualifying Degree : \_\_\_\_\_ Branch of Study \_\_\_\_\_  
(Under 10+2 (or equivalent)+3+2 pattern)

Major Subject	Maximum Marks	Marks Obtained	% Marks (or) GPA

(Attach attested photocopy of all mark statements)

9. Experience in teaching/research/office: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
(Enclose certificate in the given format) (Total Year of Experience : \_\_\_\_\_)

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

Signature of Parent / Guardian

Signature of Applicant



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KARAIKUDI - 630 003, TAMILNADU, INDIA  
M.PHIL - ENTRANCE EXAMINATION (SSP)-HALL TICKET

Affix your  
Passport  
size  
Photograph

Register No.

Office use

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

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

Date & Time : \_\_\_\_\_

Examination Centre : \_\_\_\_\_

Signature of Applicant

REGISTRAR

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

**EXPERIENCE CERTIFICATE**  
(To be provided by Head of the Institution)

Affix passport size  
photo attested by  
the Head of the  
Institution

This is to certify that Mr./ Ms. \_\_\_\_\_ has been working in  
this organisation from (DD/MM/YYYY) \_\_\_\_\_ to (DD/MM/YYYY)  
\_\_\_\_\_ as (designation) \_\_\_\_\_. This  
organisation is a Government / Government-Aided/Unaided Institution/ registered under the  
\_\_\_\_\_ Act.

Total Year of Experience \_\_\_\_\_

Signature of the Head of the Institution

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: \_\_\_\_\_

(Office Seal)

Address: \_\_\_\_\_