



ALAGAPPA UNIVERSITY

(Re - accredited with 'A' Grade By NAAC)

KARAIKUDI - 630 003.

229330
228097
227609

Fax : 225624

EXAMINATION APPLICATION FORM

P.G. Diploma / B.Ed., / B.P.Ed., / B.L.I.Sc / Post Graduate / M.Phil DEGREE EXAMINATIONS

PART - A

Programme : Semester :
 Department / College : Month and
 Specialization : Year of Exam :

PART - B

1. Name (in BLOCK Letters in English) :
 Name (in Tamil) :
 Father's Name :

2. Sex :

M	F
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3. Community :

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4. a) Regular / Private :
 b) Regulation :

OLD	NEW	CBCS	PART TIME	WEEKEND
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5. a) Register. No. :

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b) Year of Admission :

c) Month & Year of Last Appearance :

6. Permanent Address with Pincode :

PART - C

7. Are you registering for Arrear Subjects? :

YES	NO
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8. Semesters in which you are appearing
 (Both Regular and Arrears) :

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9. Subjects in which you are appearing : (Regular)

S.No.	Semester	Course	Title of the Course
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

10. Subjects in which you are appearing (arrears)

S.No.	Semester	Course	Title of the Course
1			
2			
3			
4			
5			
6			

PART - D

11. PAYMENT DETAILS

Date of Payment :

Chalan / D.D. Number :

Name and Place of
issuing Branch :

University A/C No. : 530796392

Amount Rs. :

Details	Nos	Fee	Total
1. Subject(s)			
2. Practical			
3. Project			
4. V.P.P.			
5. Application Form			
6. Mark Statement			
7. Prov. Cert.			
8. Late Fee.			
Grand Total			

Station :

Date :

Signature of the Candidate

FOR OFFICE USE ONLY

DEPARTMENT / COLLEGE

Remarks : Part A Verified
Part B Verified
Part C Verified
Part D Verified

HEAD OF THE DEPARTMENT / PRINCIPAL

Date

EXAMINATION SECTION

CONTROLLER OF EXAMINATIONS

Date