URUMU DHANALAKSHMI COLLEGE

(ESTD. 1970)

(ACCREDITED WITH "A" GRADE BY NAAC - CYCLE II)

Kattur, Tiruchirappalli - 620 019.

(PG)

Application Number	U	NAME OF THE APPLICANT	

Affix Your Passport Size Photograph Here

Admission Number	Roll Number	DISPOSAL (for office use)

APPLICATION FORM FOR ADMISSION TO P.G. / P.G. DIPLOMA PROGRAMMES

UNAIDED

Under Choice Based Credit System (CBCS)

PRINCIPAL

Programme Applied for	

01	Name			
02(a)	Course Last Studied		Major	
02(b)	Allied - 1		Allied-2	
03(a)	College Studied		03(b) Period of study	

04	Name of University and Place		05	Date of publication of result of final semester	
06(a)	Class Obtained		06(b)	Percentage of marks obtained in part III (Major and Allied)	

07	Date of birth		08(a)	Community	SC	ST	SCA	MBC	DNC	BC	BCM	BCC	OC

08(b)	Religion		09(a)	Caste	
09(b)	Native Place		09(c)	Urban / Rural	
09(d)	Nationality		10	Blood Group		11	Sex	

12(a)	Name of Father	
12(b)	Name of Mother	
12(c)	Name of Guardian (State Relationship)	

12(d)	Father's / Guardian Educational Qualification & Occupation		12(e)	Annual Income (Rs.)	

13	Permanent Address	Present Address

PINCODE		PINCODE	
Telephone / Mobile Number		Telephone / Mobile Number	

14	If Physically handicapped, Specify the nature of disability		15	Are you son / daughter of an Ex-Serviceman of Tamilnadu origin	
16	Are you of Tamil origin from Andaman and Nicobar Islands?		17	Distinction in sports / NCC/ NSS	
18	Do you need hostel accommodation? (Girls only)				

| 19 | Qualifying Examination Passed (Attach Copy of Semester-wise mark statement) | |

I declare that all the particulars furnished above are true and correct, I submit that I will abide by the rules and regulations of the College.

மேற்கூறிய விவரங்கள் அனைத்தும் உண்மையானவை மற்றும் சரியானவை என நான் கூறுகிறேன். கல்லூரியின் விதிகளுக்கு உட்பட்டு நடப்பேன் என நான் சமர்ப்பிக்கிறேன்.

Name   :   Email ID :

Aadhar No   :

Voter Id   :

Bank   :   Branch :

Acc. No   :

IFSC   :

MICR   :

Signature of the Parent / Guardian   Signature of the Applicant
பெற்றோர் / பாதுகாவலர் ஒப்பம்   விண்ணப்பதாரர் ஒப்பம்

Place / இடம் :

Date / ஒதேதி :

┤ FOR OFFICE USE ONLY ├

Certificates verified :

Marks	Community	Transfer	Conduct	Spl. Category

Signature of the Staff who processed the application ....

Signature of the Head of the Department   ....