

Application No:



PERIYAR UNIVERSITY

**Periyar Palkalai Nagar
Salem – 636 011, Tamilnadu**

Affix a recent
passport size
photograph
duly attested by
a Gazetted
Officer.

Ph: 0427-2345766 Fax: 0427-2345124 Web:www.periyaruniversity.ac.in

Application For Admission To Postgraduate Programmes 20__ – 20__

Please furnish all the required information. Clearly indicate, 'not applicable' wherever necessary. The duly filled in application should reach **The Registrar, Periyar University, Salem – 636 011** on or before the last date.

(To be filled by the candidate in his/her own hand writing legibly in block letters in English)

PROGRAMME APPLIED FOR: **M.A/M.Sc/M.Com**

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1. Name of the Applicant : (as per SSLC/Matriculation Certificate)

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2. Date of Birth : (DD/MM/YYYY)

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3. Sex : Male/Female

4. Blood Group :.....

5. Mother Tongue :

6. Native Place, District and State :

7. Nationality : 8. Religion :

9. Community : (OC/BC/MBC/Minorities/SC/SC(Arunthathiyar)/ST).....

10. Differently Abled :

11. Name of the Father/Guardian :..... Occupation :.....

12. Name of the Mother :.....

13. Address for Communication :.....

Mobile No :Pincode :

e-mail :

(P.T.O)

14. Permanent Address :

Mobile No :Pincode :

e-mail :

15. Details of Qualifying Examination (UG) :

(a) Degree/Branch of Study :

(b) Name of the College :

(c) Name of the University :

(d) Register Number :

(e) Month and year of passing :

For MA/M.Sc/M.Com applicants only

Subjects	Marks obtained	Percentage of Marks secured
Part I		
Part II.....		
Part III (excluding NCC, NSS etc.)		
Core		
Allied I		
Allied II		
Total Marks		

16. Extra Curricular activities (if any) ...

17. Enclose attested Xerox copies of H.Sc/UG Mark Sheets ...

I certify that the above statements are true to the best of my Knowledge.

Station:

Date :

Signature of the Candidate

N.B. Attested Copies of certificates in evidence of date of birth, community, transfer and marks obtained should be enclosed.

Self Addressed Rs.10/- Stamped envelope (28X13cm) to be enclosed.