

NOT TRANSFERABLE



Application No.

ANNAMALAI UNIVERSITY

**APPLICATION FOR ADMISSION TO
DIPLOMA PROGRAMME IN**

[Specify the Name of Programme]

Affix Passport Size
Photo Recently taken
duly signed by the
candidate

2017 - 2018

(Note: Defective application will be rejected)

1. Name in full (in block letters) :

2. (a) Father's or Guardian's Name :

(b) Permanent address & Phone No. :

(c) Nationality of the candidate :

3. Age and Date of Birth

Age	Day		Month		Year				

4. Sex :

M	F
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5. Community to which the applicant belongs to :

ST	SC	MBC	BC	OC
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6. College where the applicant studied and the highest examination passed (or) programme now studying if any :

7. Qualification (Proof of Xerox copy attested) :

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge. I have filled up this application after reading all the instructions in the prospectus carefully. I am liable to be punished by expulsion from University and Hostel for willful suppression or misstatement of facts.

I agree to conform from this date to all the rules and regulations including those relating to the Hostel, if I am admitted thereto, in force at present or that may be introduced hereafter for the due maintenance of discipline at the University and I further agree to be satisfied with the amenities now offered in the academic and social life of the University: to make good any damage to furniture, apparatus or other things which may be caused by any carelessness, negligence or wantonness on my part and to leave the University at any time, if I cannot carry out this undertaking.

I pledge myself never to take part directly or indirectly in any political, economic, communal, subversive or any other such activities.

I further pledge myself not to cause damage in any manner to the properties of the University

Should it be found that I have committed any of the above acts, I agree to receive any punishment including summary dismissal from the University and Hostel and liability for damages caused.

Date:

Signature of the Applicant