



Pin code

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E-Mail ID:

Phone with  
STD Code :

Mobile:

4. Sex:

M	F
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5. Community:

SC	ST	MBC	BC	OC
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(Attach Community Certificate –Xerox copy)

6. Date of Birth:

7.

Date	Month	Year

Nationality:

8. Details of Educational Qualifications:

Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the Institution/College/ University	Percentage of Marks/ Class
Hr. Secondary					
Under Graduate					
Post Graduate					

(Enclose Original and Attested copies of Plus Two/Hr. Secondary and UG/PG Provisional Certificate or Degree Certificate duly attested by Gazetted Officer.)

**Individual Mark Statements will not be accepted**

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Signature of the Candidate

Note: The following documents must accompany the filled-in application :

1. Original and Copy of Hr. Secondary Mark Statement duly attested by Gazetted Officer.
2. Original and Copy of UG Provisional or Degree Certificate and Markstatement duly attested by Gazetted Officer.
3. Filled-in Student Index Card with stamp size photo affixed.
4. Demand Draft for Prescribed fee (Refer to Prospectus)
5. Copy of Community Certificate duly attested by Gazetted Officer (if applicable).

Certified that

- \* Application is scrutinised
- \* Original Certificates are verified and returned
- \* Copies of the certificates duly attested by Gazetted Officer are verified
- \* Candidate is found eligible

Admitted / Not Admitted

Date of Admission 

Signature of the Programme Officer with seal

ASST.REGISTRAR

DIRECTOR

Received back the original certificates:

Signature of the candidate



# ALAGAPPA UNIVERSITY, KARAIKUDI – 630003.

(A State University Established by the Government of Tamilnadu –  
Re-Accredited with 'A' Grade by NAAC)

## DIRECTORATE OF DISTANCE EDUCATION

(Recognized by Distance Education Bureau, New Delhi)

### STUDENT INDEX CARD

Appln. No:

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Enrl.No:

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PROGRAMME: \_\_\_\_\_

NAME:

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DATE OF BIRTH:

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AFFIX STAMP  
SIZE PHOTO  
AND SIGN  
IN THE BOX  
GIVEN BELOW

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Student

NAME OF THE LEARNING  
CENTRE & CENTRE CODE

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