



Application No.

THIRUVALLUVAR UNIVERSITY, VELLORE
THIRUVALLUVAR INSTITUTE OF DISTANCE EDUCATION (TIDE)
APPLICATION FOR ADMISSION
POST GRADUATE COURSES

Academic year 20..... - 20.....

Enrolment Number
(To be assigned by the office)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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REGISTRATION FEE

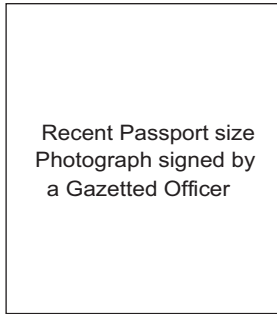
M.A., M.Sc., Courses Rs.150/- M.B.A., Course Rs.350/-
(Payment should be made by means of Demand Draft)

CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS

Name of the course applied for		Main Subject		Medium (Tick✓)	
				TAMIL <input type="checkbox"/>	ENGLISH <input type="checkbox"/>
Candidate to tick (✓) any one of the appropriate boxes for Tuition Fee Concession			Women Candidate <input type="checkbox"/>	Defence Personnel <input type="checkbox"/>	<input type="checkbox"/>
			Thiruvalluvar University Graduate <input type="checkbox"/>	Differently Abled <input type="checkbox"/>	<input type="checkbox"/>
			Ex-Servicemen Ward <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS FOR COMMUNICATION

NAME : _____
: _____
: _____
: _____
: _____
Pin Code : _____
District : _____
State : _____
Phone (Res) : _____
Mobile : _____
E-Mail : _____



1. NAME OF THE APPLICANT (As given in the certificate in CAPITAL LETTERS)	(a) In English			
	(b) In the Regional Language			
2. Name of Father / Mother / Guardian / Husband				
3. (a) Date of Birth as per Christian era	(b) Age	(c) Sex (Tick✓)	4. Nationality	5. Religion
		Male <input type="checkbox"/> / Female <input type="checkbox"/> / TG <input type="checkbox"/>		
6. (a) Community (Tick ✓)	(b) Caste		7. Mother Tongue	
OC <input type="checkbox"/> / BC <input type="checkbox"/> / BC-M <input type="checkbox"/> / MBC <input type="checkbox"/> / SC <input type="checkbox"/> / SC(A) <input type="checkbox"/> / ST <input type="checkbox"/>				
8. Whether Differently Abled (Tick ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Present Occupation			
10. Are you undergoing any other course in a college or University? If so, specify				
11. The wards of Defence Personnel / Ex-Servicemen should specify as:	(a) Ward of Defence Service Personnel (b) Ward of Ex-Servicemen : Navy / Army / Air force.			

12. DETAILS OF EXAMINATION PASSED

Examinations passed with Subjects	Name of the Board / University with the Name of the School / College	Month & Year of Passing	Registration Number	Class with Grade/Marks	Maximum Marks
S.S.L.C. (State whether it is 10 years or 11 Years Course)					
Higher Secondary (State whether it is One Year or Two Years Course)					
B.A./B.Sc./B.Com.					

(Applicants should enclose attested copies of Mark Sheets and Provisional Certificate)

13. Enclosures

- (1)..... (3)..... (5).....
 (2)..... (4)..... (6).....

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the University that are in force from time to time.

Station :

Date :

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

1. Whether the application is in order: **Yes / No**
 2. If not, Documents required

- (1)..... (3)..... (5).....
 (2)..... (4)..... (6).....

ADMISSION ORDER

3. Thiru/Tmt./Selvi. is provisionally admitted to the Degree Course in Main in English/Tamil Medium during the Academic Year

CO-ORDINATOR

DIRECTOR

4. Admission / Cancellation Intimation sent on

5. Certificates returned to the candidate on

- (1) Statement of Marks (2) S.S.L.C Book (3) Conduct Certificate
 (4) Birth Certificate (5) Transfer Certificate (6)

SECTION OFFICER

ASSISTANT REGISTRAR

DIRECTOR