



SCHOOL OF DISTANCE EDUCATION

BHARATHIAR UNIVERSITY : COIMBATORE - 46. TAMIL NADU, INDIA.

DOWNLOADED APPLICATION FOR ADMISSION

Application No.: Enrol. No.
(For office use only)

[Application should be clearly filled-in with **CAPITAL LETTERS** by the candidate's own handwriting in English. Please tick (✓) where ever necessary]

Batch: _____ Academic / Calendar Study Centre Code:

Name of the Study Centre:

Course Name	Major / Branch	First Year	Second Year	Third Year	Direct	Lateral Entry	Re-admission
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Not Applicable for First Year]

Name of the Candidate

As per the SSLC / HSC Record

Date of Birth: Sex: M F T

Name of the Father / Mother / Guardian / Husband: _____

Address: _____

Pin: _____

District: _____ State: _____

Mobile: _____ Phone: _____

Email ID: _____

Affix a Recent Passport Size Photo Here

NO ATTESTATION

DON'T STABLE

Applicant's Specimen Signature [inside BOX]

1

2

Part-I Language (For UG only) Tamil Telugu Kannada Malayalam Hindi Urdu Arabic French

Concession claimed in Tuition Fee: if applicable *please tick (✓)*

Graduates of Bharathiar University <input type="checkbox"/>	Teacher <input type="checkbox"/>	Police-Defense <input type="checkbox"/>	Physically Challenged <input type="checkbox"/>	Women <input type="checkbox"/>
Media-Press <input type="checkbox"/>	Ex-service men <input type="checkbox"/>			
		[25%]	[100%]	[10%]

Fee Payment Particulars

Mode	Number	Date	Amount	Bank & Branch	For office use only
DD	<input type="text"/>	dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Challan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	<input type="text"/>	dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Challan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nationality: _____ Religion: _____

Community:

SC	SC(A)	ST	MBC	DNC	BC	BC(M)	OBC	General
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Are you already registered with (Regular/SDE) Bharathiar University? Yes No

If yes, Name of the course _____ Register No.: _____

Elective /optional papers opted (Refer the course contents in the prospectus for elective / optional papers)

1. _____ 2. _____

Qualifying examination passed (10+2+3/11+1+3/10+3+2/ others specify _____)

Sl. No.	Examination Passed	Course Name	Subject / Major	Board / University	Register No.	Year of passing	% of Marks
1.	SSLC	*****	*****				
2.	H.Sc./ PUC / Pre-Degree	*****					
3.	Diploma						
4.	UG						
5.	PG / PG Diploma						

I, _____ hereby declare that the particulars given above are correct. I abide by the rules and regulations of the Bharathiar University. If any particulars given are found to be incorrect at any point of time, I will abide by the decisions of the University.

Note: Admission to the course is purely provisional and the University reserves the right to withdraw the course at any time due to administrative reasons.

Place: _____

Date: _____

Signature of the Applicant

For Office use only

Educationally qualified	Yes	No	Concession Applicable	Yes / No
Required certificates attached	Yes	No	Total Amount Paid Rs.	_____
Original certificates verified	Yes	No	Balance Amount Paid Rs.	_____
Admitted: <input type="checkbox"/> Yes on _____ <input type="checkbox"/> No Reason _____				
ASO	SO	AR	DR	DIRECTOR