SCHOOL OF DISTANCE EDUCATION

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

**application for admission** (Not for Centres)

Enrol. No.

(For office use only)

Application No.:

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

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| Batch: | \_\_\_\_\_\_\_\_\_\_\_ Academic / Calendar | | **Study Centre Code:** | **TN0201** |
| Name of the Centre: | | **BHARATHIAR UNIVERSITY, ON-CAMPUS CENTRE, COIMBATORE** | | | |

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| **Course Name** | **Major / Branch** |  | **First Year** |  |  | **Direct** |  |
|  |  | **Second Year** |  | **Lateral Entry** |  |
| **Third Year** |  | **Re-admission** |  |

**[Not Applicable for First Year]**

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| Name of the Candidate  As per the SSLC / HSC Record | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth | | | | | | | | d | | | d | | |  | | | m | | | m | | | | |  | | y | y | | | | | | y | y | | |  | | Sex: | | | M | | | | | | F | | | | | T | | | | Affix a Recent Passport Size Photo Here  **NO ATTESTATION**  DON’T STABLE | | | | | | | | | | | | | | |
| Name of the Father /  Mother / Guardian / Husband | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | --- | --- | | Applicant’s Specimen Signature **[inside BOX]** | | | 1 |  | | 2 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part-I Language  **(For UG only)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tamil | | | | | | Telugu | | | | | | | | | | Kannada | | | | | | | | | | Malayalam | | | | | | | | | Hindi | | | | | | | | Urdu | | | | | | Arabic | | | | | | | French | | | | | | |
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| Concession claimed in Tuition Fee:  if applicable  ***please tick (✓)*** | | | | | | | | | | | | | | | | | | Graduates of Bharathiar University  Teacher □ Police-Defense Media-Press □ Ex-service men  **[25%]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □  □  □ | | Physically Challenged □  **[100%]** | | | | | | | | | | | | Women □  **[10%]** | | | | | | | | |
| **Fee Payment Particulars** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mode** | | | | | **Number** | | | | | | | **Date** | | | | | | | | | | **Amount** | | | | | | | | **Bank & Branch** | | | | | | | | | | | | | | | | **For office use only** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD | | |  | |  | | | | | | | dd/mm/yyyy | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Challan | | |  | |
| DD | | |  | |  | | | | | | | dd/mm/yyyy | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Challan | | |  | |
| Nationality: | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | Religion: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Elective /optional papers opted (Refer the course contents in the prospectus for elective / optional papers) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | |
|  | SSLC | | | | | | | | | | | \*\*\*\*\* | | | | | | | | \*\*\*\*\* | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | H.Sc./ PUC / Pre-Degree | | | | | | | | | | | \*\*\*\*\* | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | Diploma | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | UG | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | PG / PG Diploma | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |

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| 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**

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| 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: | Yes | on \_\_\_\_\_\_\_\_\_\_\_\_ | | | | No | | Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ASO SO AR DR DIRECTOR | | | | | | | | | |