

Application No.

Learning Center
Name and Code :



Directorate of Distance and Continuing Education

MANONMANIAM SUNDARANAR UNIVERSITY

TIRUNELVELI- 627 012. TAMIL NADU.

APPLICATION FOR ADMISSION OF STUDENTS FOR COURSES OFFERED IN COLLABORATION WITH AAEC

(To be filled-in by the candidates in his / her own handwriting in BLOCK LETTERS in English)

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Affix Passport Size Photo Here Duly Signed by the Candidate at the Top and Attested by the Gazetted Officer at the Bottom. DO NOT STAPLE</p> </div>	Enrolment No. (For Office Use Only)				
	Name of the Course with Specialization:				
	Year Applied :				
	Address for Communication :				
		District :	State :		
		PIN :	Phone :		
1. Name of the Applicant (As per 10th / HSC Certificate)					
2. Name of the Parent / Guardian / Husband					
3. Age & Date of Birth (DD/MM/YYYY)		7. Sex : (Male / Female)			
4. Religion		8. Community : (OC/BC/MBC/SC/ST)			
5. Nationality		9. Mother Tongue :			
6. School / College previously Studied		10. Course & Subject :			
		11. Period of Study : (YYYY - YYYY)			
12. Qualification Examination Passed	Reg. No.	Month & Year of Passing	Subject	Percentage of Marks	Name of the University / Board

13. If employed, provide employers details & address :

14. Enclosures

- a) Fees in the form of Demand Draft No.....Dt.....Bk.....
- b) Statement of Marks Original Attested Xerox Copy
- c) Provisional Certificate Original Attested Xerox Copy
- d) Statement of Marks Original Attested Xerox Copy
- e) Others..... Original Attested Xerox Copy
- f) Others..... Original Attested Xerox Copy

DECLARATION

I hereby declare that the particulars given above are correct and I will, if admitted, abide by the rules and regulations of the University.

Place :

Date :

Signature of the Applicant

FOR THE USE OF DISTANCE EDUCATION LEARNING CENTRE

Learning Center Coordinator shall produce all the original qualifying certificates to the DD & CE in person with prior appointment with Regional Coordinator / University for verification. Admission will be confirmed and enrollment number assigned only after verification of the original Certificates.

Place :

Date :

Signature of the
Office Asst. / Clerk

Signature of the
Co-ordinator with Seal

FOR THE USE OF REGIONAL CO-ORDINATOR

Forwarded to the Director, Directorate of Distance and Continuing Education, Manonmaniam Sundaranar University for admission

Place:

Date :

Signature of the
Office Asst. / Clerk

Signature / Facsimile of
the Director, AAEC with Seal

FOR THE USE OF DD & CE MSU

The applicant is admitted provisionally to the year of the.....
Course in the Academic Year / Calender Year..... in ENGLISH MEDIUM. He had paid
the tuition fee Rs.....(DD No.Dt.....Bk.....)

Date:

Asst.

Supdi.

A.R. / D.R.

Director

Received the Above Mentioned Originals.

Signature of the Applicant