

9. Special Categories:

NCC	NSS	Sports/ Games	Children of Armed Personnel (CAP)	Differently Abled DA
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10. Choice of Entrance Exam Centre Code

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11. Position regarding the results of the Qualifying Examination:

EP	RA
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12. Particulars of Past Academic Record:

Examination Passed	Board/College/Institution	Subjects	Month & Year of Passing	Total Marks	% of Marks
SSC/Matric					
Inter/H.Sc.					
Bachelor's Degree (B.A/ B.Sc./B.Com, etc.)				<u>Language:</u> <u>Theory:</u> <u>Practical:</u>	

13. Address for Communication:

PINCODE								
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

14. Mobile No.

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15. Email id:

16. Declaration by the Applicant:

I hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct. In case, any information in this application is found to be false or incorrect at any time during (during or after completion of the course), this shall entail automatic cancellation of my admission, if granted, cancellation of the degree if awarded, besides rendering me liable to such action as the University may deem fit. In the event of any medical or other emergency, my Parents or Guardian may be contacted.

Place:

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Date:

Signature of the Candidate

17. Declaration by the Father/Mother/Guardian:

My daughter/son/ward Ms./Mr. _____ is applying for admission to the Dravidian University. If admitted, I shall be responsible for payment of all her/his fees and other charges including any emergency, medical or other expenses incurred by the University. In case, any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my daughter's/son's/ward's admission, if granted, cancellation of the degree if awarded, besides rendering her/him liable to such action as the University may deem fit. I will also be responsible for her/his good conduct and behavior during the period of her/his stay in the University. Further, I may be contacted in the event of any emergency as determined by the University and I hereby promise that I will make myself present before the University authority at my own cost whenever the University requires my presence.

Place:

Date:

Signature of the Parent/Guardian

Full Name:

Relationship with the applicant:

Contact Phone Number:

Note: Signature of the Candidate and the Parent in this application form will be considered as the basis for all verification purposes of the University.

For office use

18. Particulars of Demand Draft towards the Entrance Examination Fees:

i) Demand Draft No.

ii) D.D Date:

iii) Name of the Bank & Branch

Filled-in Applications to be submitted to the following address:

The Dean Academic Affairs

Dravidian University, Kuppam – 517 426.

For Office Use
D.D Verified & Detached by

Signature

Date