



PRIST UNIVERSITY

U / s 3 of UGC Act

THANJAVUR | CHENNAI | PUDUCHERRY | TIRUCHIRAPALLI | KUMBAKONAM

APPLICATION FORM FOR ADMISSION - POST GRADUATE COURSE

FACULTY OF ENGINEERING & TECHNOLOGY PHARMACY MANAGEMENT

(To be filled in Block Letters)

YEAR 20 - 20

Application No. :

Choice of the Course

- 1.
- 2.
- 3.

Name with Initials

(as it appears in Certificates)

Date of Birth

Gender : Male Female

Community & Caste

Religion

Mother Tongue

Nationality

Father's/Guardian's Name :

Mother's Name :

Occupation :

Occupation :

Annual Income :

Annual Income :

Mobile :

Mobile :

Official Address with Phone No. :

Official Address with Phone No. :

Home Address for Communication :

District :

Pincode :

State :

Country :

Phone No (with STD Code):

Mobile :

Permanent Address (if different from above) :

District :

Pincode :

State :

Country :

Phone No (with STD Code):

Mobile :

OFFICE USE ONLY

Course : Batch :

Roll No. : Reg. No. :

DETAILS OF ACADEMIC QUALIFICATIONS

Marks in (The Qualifying Examination) +2 (Senior/Higher Secondary School Examination) or Equivalent – Attested copy to be enclosed

Name & Address of the Institution:	Name & Address of Examination Board :
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	10 th / + 2 / Degree	Month/Yr. of Passing	Marks	
			Secured	Max. Marks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Overall % :		TOTAL		

Sports/Games Proficiency (Attach Xerox Copy of Certificates)	Extra Curricular Activities (Attach Xerox Copy of Certificates)
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Sl. No.	Certificates	Certificate No.	No of Certificate (s)	Sl. No.	Certificates	Certificate No.	No of Certificate (s)
1.	Transfer Certificate			8.	Residence Certificate		
2.	10th Mark Sheet			9.			
3.	+2 Mark Sheet			10.			
4.	Degree Certificate			11.			
5.	Conduct Certificate			12.			
6.	Community Certificate			13.			
7.	Migration Certificate					Total	

DECLARATION

I, & my son/daughter do hereby declare that the above particulars are true as per original records available with us and the management may take any action in the event that any information given above is found to be false or incorrect or if any relevant information is suspended. I promise my ward will follow the rules and regulations of the University into which he/she has been admitted.

Signature of the parent/guardian
With Date

Signature of the student
With Date

FOR OFFICE USE ONLY	Certificates Verified by Name & Signature Fees Payment : Receipt No. <input style="width:100px" type="text"/> Receipt Dt : <input style="width:100px" type="text"/>	Admission Authorisation : <input type="checkbox"/> Admitted <input type="checkbox"/> On Hold <input type="checkbox"/> Not Considered
		Dean/Director/Other Authority Signature Date :