



# PRIST UNIVERSITY

U / s 3 of UGC Act

THANJAVUR | CHENNAI | PUDUCHERRY | TIRUCHIRAPALLI | KUMBAKONAM

## APPLICATION FORM FOR ADMISSION - UNDER GRADUATE COURSES

FACULTY OF  ENGINEERING & TECHNOLOGY  PHARMACY

(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 :

	10 <sup>th</sup> / + 2 / Diploma / Degree	Month/Yr. of Passing	Marks	
			Secured	Max. Marks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
<b>Overall % :</b>		<b>TOTAL</b>		

**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.

Receipt Dt :

Admission Authorisation :  Admitted  
 On Hold  
 Not Considered

Dean/Director/Other Authority

Signature

Date :