

REG. No.

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APPLICATION No.

**PONNAIYAH RAMAJAYAM INSTITUTE OF
SCIENCE & TECHNOLOGY (PRIST)**Declared as DEEMED-TO-BE-UNIVERSITY
U/s 3 of UGC Act, 1956**APPLICATION FOR ADMISSION / APPLICANT'S INFORMATION**

YEAR 20__ - 20__

Campus: ThanjavurMode of Study : Full Time ☐ Part Time ☐ Lateral ☐Course Applied for : Tick the Appropriate Box

B.A.	<input type="checkbox"/>	B.Com.	<input type="checkbox"/>	B.Com CA	<input type="checkbox"/>	BBA	<input type="checkbox"/>	BCA	<input type="checkbox"/>	B.Sc.	<input type="checkbox"/>
M.A.	<input type="checkbox"/>	M.Com.	<input type="checkbox"/>	MBA	<input type="checkbox"/>	MCA	<input type="checkbox"/>	M.Sc.	<input type="checkbox"/>		
B.Ed.	<input type="checkbox"/>	B.A.B.Ed.	<input type="checkbox"/>	B.Sc.B.Ed.	<input type="checkbox"/>	M.Ed.	<input type="checkbox"/>				
B.Sc. Agri	<input type="checkbox"/>										
B.Tech.	<input type="checkbox"/>	M.Tech.	<input type="checkbox"/>	M.Phil	<input type="checkbox"/>	Ph.D.	<input type="checkbox"/>				

Specify the subject:

To affix Passport Size Photo

(To be filled in Block Letters)

Name with Initial
(as it appears in Certificate)

Date of Birth:

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Sex: Male ☐ Female ☐

Community

SC ☐ ST ☐ BC ☐ OBC ☐ Others ☐

Religion:

Nationality & Mother Tongue

Blood Group :

Aadhaar Card No.

Mobile No.

E-mail:

Father's Name

Guardian's Name & Relationship

Occupation & Annual Income

Father's / Guardian's Mobile No. /
Phone No. (with STD Code)

Home : Office :

Mother's Name

Occupation & Annual Income

Mother's Mobile No./Phone No.
(with STD Code)

Home : Office :

Address for Communication

Permanent Address

D.No. :

D.No. :

Street :

Street :

Village/Town/City:

PIN:

Village/Town/City:

PIN:

District / State :

District / State :

Country :

Country :

EDUCATIONAL QUALIFICATION :

A. (11th & 12th STD) (Academic / Equivalent)

Board of Examination: Name of the School:

Language	English	Subject - 1	Subject - 2	Subject - 3	Subject - 4	Total Marks	Overall %	Year of Passing
11 th								
12 th								

B. Under Graduate - Arts, Science, Commerce & Management

Institution / College: University:

Subject	Part I	Part II	Part III	Total Marks	Overall %	Year of Passing

C. Diploma

Institution:

Branch	Total Marks	Overall %	Year of Passing

D. Under Graduate - Engg. & Tech.

Institution / College:

University:

Branch	Total Marks	Overall %	Year of Passing

E. Post Graduate

Institution / College: University:

Subject / Branch	Total Marks	Overall %	Year of Passing

Whether Day Scholar ☐ or Hostler ☐

Declaration

We hereby declare that the entries made in the application form are correct to the best of our knowledge.

Date :

Signature of the Parent / Guardian

Signature of the Applicant

For office use only

Original TC / Other Original Certificates Received : Yes ☐ No ☐

Specify :

SIGNATURE OF THE
ADMISSION COMMITTEE MEMBER
NAME :

SIGNATURE OF THE
ADMISSION DIRECTOR
NAME :