

REG. No.

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APPLICATION No.

**PRIST**

DEEMED TO BE UNIVERSITY

PONNAIYAH RAMAJAYAM INSTITUTE OF SCIENCE & TECHNOLOGY

Under Section 3 of UGC Act 1956

NAAC ACCREDITED

APPLICATION FOR ADMISSION / APPLICANT'S INFORMATION

YEAR 20__ - 20__

Campus: **Thanjavur**Mode 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 be filled in Block Letters)

Name with Initial (as it appears in Certificate)									
Date of Birth:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Community	SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>	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 :							

To affix Passport Size Photo

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 :