



APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMME

KARPAGAM
UNIVERSITY

Karpagam Academy of Higher Education

(Established Under Section 3 of UGC Act 1956)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021, Tamil nadu, INDIA Phone : 0422-6471113 -5, 2611082, 6453777

Fax: 0422-2611043 Email : info@karpagam.ac.in Web : www.karpagamuniv.com

Course Applying for : (

Name & Address for Communication :

Pin Code : (

Telephone No : Mobile

DO NOT STAPLE

Paste a recent passport
size photograph
bearing signature
of the candidate

1 Name (in block letters as per HSC certificate)

[illegible]

2 Name of the Parent / Guardian :
and Address

3 Sex : ☐ Male ☐ Female

4 Date of Birth : -- Age :

5 Nationality :

6 Community : ☐ OC ☐ BC ☐ MBC ☐ DNC ☐ SC ☐ ST
(Enclose Community Certificate)

7	Mother Tongue	:	
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8 Occupation and Monthly Income of the Parent/Guardian :

c) Percentage Obtained

11 Name of the School & Place

12 Extra Curricular Activities		SPORTS	NCC	NSS	OTHERS
13	Hostel facility required	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

DECLARATION OF THE APPLICANT AND PARENT

I hereby declare that all the informations furnished by me in this application and the documents submitted in support of my application are true, complete and correct to the best of my knowledge and belief.

Signature of the Applicant

I declare that my Son / Daughter / Ward will abide by the rules and regulations of the University enforced from time to time.

Station :
Date :

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Application No

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■ ■

Admitted on

Rs.

REGISTRAR