



ALAGAPPA UNIVERSITY, KARAİKUDI
(A State University Re-accredited with "A+" Grade by NAAC)



APPLICATION FOR UNDER GRADUATE PROGRAMMES

Appl. No.:

Register No.

Office Use

1. Programme applied : _____ Branch _____

2. Name of the Applicant : _____

(In CAPITAL letters)

3. Father's /Guardian's Name : _____

4. Address for Communication : _____

DIST _____ PIN

Mobile No.

e-mail Id : _____

Affix your
passport size
photograph

5. Date of Birth (DD/MM/YYYY) : A Male B Female C Transgender

6. Community (Please ✓) (Attach Photocopy) : OC BC BC (Muslim) MBC/DNC SC SC(A) ST Caste: _____

7. Special Quota (If any) (Attach Photocopy) :

Ex-Servicemen	Persons with Disabilities (PWD)			Repatriate/NRI/ Foreign
	Blindness / Low vision	Hearing Impairment	Locomotor Disability	

8. Sports Representation (If any): (Attach Photocopy)

State Level	District Level	University Level

9. Educational Qualification: (Attach Photocopy)

Subjects (Higher Secondary (+2))	Maximum Marks	Marks Obtained	Year of Passing	% Marks
Part – I				
Part – II				
Subject				
Subject				
Subject				
Subject				
Total				

10. Other Educational Qualification (if any): _____
(Furnish photocopy of certificates)

DECLARATION: I declare that the particulars given above are true and that I shall, if admitted abide by the rules of the University.

Signature of the Parent/Guardian

Signature of the Applicant