

Application No.

512

Name and Code
of the Learning Centre

Directorate of Distance and Continuing Education

மனோன்மணியம் சுந்தரனார் பல்கலைக்கழகம்
MANONMANIAM SUNDARANAR UNIVERSITY

TIRUNELVELI - 627 012. TAMIL NADU.

**APPLICATION FOR ADMISSION FOR
COURSES OFFERED IN COLLABORATION WITH SPE TRUST**

(To be filled-in by the candidates in his / her own handwriting legibly in BLOCK LETTERS in English)

ENROLMENT No.
(For Office Use Only)

Name of the Course

MBA - Air line & Airport Management
MBA - Retail & Supply Chain ManagementProfessional MBA - HR Finance Marketing System
 Pharmaceutical Telecom

Year Applied

Address for Communication

District.....State.....

PIN..... Phone (with Code).....

Affix passport
size Photo Here Only
Signed by the Candidate
at the Top and Attested
by the Gazetted Officer
at the Bottom
DO NOT STAPLE

1. Name of the Applicant
(as Per 10th / HSC Certificate)2. Name of the Parent /
Guardian / Husband3. Date of Birth
(DD/MM/YYYY) & Age4. Sex
(Male / Female)

5. a) Religion

b) Community
(OC/BC/MBC/SC/ST)

6. a) Nationality

b) Mother Tongue

7. a) School / College
Previously Studiedb) Course &
Subjectc) Year of Study
(YYYY - YYYY)8. Qualification
Examination
Passed

Reg. No.

Month & Year
of Passing

Subject

Percentage
of MarksName of the
University / Board

9. If employed, Present occupation & address

10. Enclosures

- a) Fees in the form Demand Draft No. Dr. Bk.
- b) Statement of Marks (Please) Original Attested Xerox Copy
- c) Provisional Certificate Original Attested Xerox Copy
- d) Statement of Marks Original Attested Xerox Copy
- e) Others Original Attested Xerox Copy
- f) Others Original Attested Xerox Copy

DECLARATION

I hereby declare that the particulars given above are correct and I will, if admitted, abide by the rules and regulations of the University.

Place :
Date :

Signature of the Applicant

FOR THE USE OF DISTANCE EDUCATION LEARNING CENTRE

Learning Centre Coordinator shall produce all the original qualifying Certificates to the DD & CE in Person with Prior appointment with Regional Coordinator / University for verification. The admission will be confirmed and enrollment number assigned only after verification of the original Certificates.

Place :
Date :

Signature of the
Office Asst. I / Clerk I

Signature of the
Office Asst. II / Clerk II

Signature of the
Co-ordinator with Seal

FOR THE USE OF REGIONAL CO-ORDINATOR

Forwarded to the Director, Directorate of Distance and Continuing Education, Manonmaniam Sundaranar University, Thirunelveli for admission.

Place :
Date :

Signature of the
Office Asst. / Clerk

Signature / Facsimile of
the Director, SPE Trust with Seal

FOR THE USE OF DD & CE, MSU

The applicant is admitted provisionally to the 1st year of the.....
Course in the Academic Year / Calendar Year in ENGLISH MEDIUM. He/She had
paid the tuition fee Rs.(DD No. Dt. Bk.
.....)

Date :

Asst.

Supdt.

A.R. / D.R.

Director

Received the above mentioned originals

Signature of the Applicant