REG. No.		APPLICATION No.

(For Office use only)

PONNAIYAH RAMAJAYAM INSTITUTIONS THANJAVUR & KUMBAKONAM								
APPLICATION FOR ADMISSION / APPLICANT'S INFORMATION								
YEAR 2022 - 2023								
Institution: PREC								
Course Applied for : B.E. / Diploma : CSE	Course Applied for:							
M.E. Communication Systems	M.C.A.							
Regular Lateral E	ntry							
(To be filled in Block Letters)								
Name with Initial (as it appears in Certificate)								
Date of Birth:	Sex: Male Female							
Community	SC ST BC OBC Others Religion:							
Nationality & Mother Tongue								
Aadhaar Card No.								
Mobile No.								
Father's / Guardian's Name								
Relationship of Guardian								
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. Home : (with STD Code)			Office	:				
First Graduate	Yes No							
Address of Communication			Permanent Addres	s				
D.No. :		D.No. :						
Street :		Street :						
Village/Town/City: PIN:		Village/Town/City:		PIN:				
District / State :		District / State :						
Country :		Country :						

EDUCATIONAL QUALIFICATION:

A. Marks I		-	cademi	c / Eq	_			_				
Board of Ex	amination	:			Nar	ne of t	he Schoo	ol:				
Language	English	English Ma		ths Science		Social Science		Total Marks		Ove	erall %	Year of Passing
B. (12 th ST			valent)			7						
Board of Ex	amination	•				Na	me of the	Sch	ool:			1001
Language English		Subject -1	Subject-2		Subject -3		Subject -4 To		Total M	Total Marks		Year of Passing
Institutio	n:						tution / Cersity:	Colleg				
Branch		Total C	Overall Year of Passing			Bra		ch .		Total Marks	Overall %	Year of Passing
We Date:	hereby decl	are that the e	hether entries m	ade in	Decla the app	arati	n form are		ect to the		our knowl	
			Summer	or the x		Cumi				-B		рриспис
				Fo	r offic	e use	only					
Original	TC Receive	d		: 1	Yes	No						
Original	Migration C	Certificate Re	ceived	: 1	Yes	No						
SIGNATURE OF THE ADMISSION COMMITTEE MEMBER NAME:								Service Service Lines.	CTOR,	OF THE ADMISSI	ON	