

REG. No.

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APPLICATION No.

(For Office use only)



PONNAIYAH RAMAJAYAM INSTITUTIONS

THANJAVUR & KUMBAKONAM

APPLICATION FOR ADMISSION / APPLICANT'S INFORMATION

YEAR 2020 - 2021

Institution: PREC <input type="checkbox"/> PRPC <input type="checkbox"/> KRPC <input type="checkbox"/>		<i>To affix Passport Size Photo</i>					
Course Applied for : B.E. / Diploma : CSE <input type="checkbox"/> CIVIL <input type="checkbox"/> ECE <input type="checkbox"/> EEE <input type="checkbox"/> MECH <input type="checkbox"/> M.E. Communication Systems <input type="checkbox"/> M.C.A. <input type="checkbox"/>							
Regular <input type="checkbox"/> Lateral Entry <input type="checkbox"/>							
(To be filled in Block Letters)							
Name with Initial (as it appears in Certificate)							
Date of Birth:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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							
Aadhaar Card No.							
Mobile No.	E_mail:						
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. (with STD Code)	Home :	Office :					
First Graduate	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Address of Communication		Permanent Address					
D.No. :	D.No. :						
Street :	Street :						
Village/Town/City:	PIN :	Village/Town/City: PIN :					
District / State :	District / State :						
Country :	Country :						

EDUCATIONAL QUALIFICATION:

A. Marks Details (10th STD) (Academic / Equivalent)

Board of Examination: Name of the School:

Language	English	Maths	Science	Social Science	Total Marks	Overall %	Year of Passing

B. (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

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

Whether Day Scholar or Hosteler

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

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Original TC Received : Yes No

Original Migration Certificate Received : Yes No

SIGNATURE OF THE
ADMISSION COMMITTEE MEMBER
NAME:

SIGNATURE OF THE
DIRECTOR, ADMISSION
NAME: