

KASTURI INSTITUTE OF MANAGEMENT

COIMBATORE - 14.

AUTHORISED COLLABORATIVE INSTITUTE OF ALAGAPPA UNIVERSITY (Run by Kasturbai - Manekbai Charity Trust)

Appln. No.	For Office Use
ALAGAPPA	UNIVERSITY
(Accredited with A+ Grade by NAA) Graded as Category - 1 University and	
COLLABORATIV	E PROGRAMMES
APPLICATION FOR	ADMISSION 20 - 20
To be filled in by the Collaborating Institution: Code No.	AFFIX STAMP SIZE PHOTO AND TO BE ATTESTED BY A GAZETTED OFFICER
(To be filled in by the Candidate in his/her own har Course Applied for	
2. Father's Name :	
3. Address for Communication :	
Dia and a lateral design of the second of th	
Pin code E-Mail ID	
Phone with STD Code Mobile	;
4. Sex : 5. Community :	SC ST MBC BC OC

6. Date of Birth:	Date	Date Month		ear	7. Nationality :
8. Details of Educa	tional Qual	ifications:	1 1		
Course Studied	Name of th Degree	ne Ma	ijor	Month of Year of Passing	of Name of the Instin. / College / of Marks
Hr. Secondary					
Under Graduate					
Post Graduate					
(Enclose Attes Certificate. <i>In</i>					G/PG Provisional Certificate or Degree epted)
9. Particulars of Do D.D.N		t:		Date:	
Amou	nt Rs.			Bank	
I hereby decla be false, I agree to			en above a	are true.	If any of the particulars furnished are found to
Place : Date :					Signature of the Candidate
2. Demand I	Kerox copy of Coraft for Pre	of Hr. Second	ary Mark	Statemen	nt, Provisional or Degree Certfificate.
					Admitted / Not Admitted
					Date of Admission
Signature of the Collaborating Institution Principal With office Seal			DIRECTOR, Collaborative Programmes Alagappa University.		
Received back	the Origin	al Certificate	:		

Signature of the Candidate