

Alagappa University (Accredited with 'A' Grade by NAAC) Karaikudi - 630 003, Tamilnadu.

COLLABORATIVE PROGRAMMES APPLICATION FOR EXAMINATIONS

		2. Exam Centre with centre code : 4. Month & Year of Exam :						
2 Name of Study Center	:							
1. Name of the applicant (in E	BLOCK letters) :							
2. Father's Name	:							
3. Sex	:	MF						
4. Enrolment No.	:							
5. Permanent Address with Pi	incode :							
Year / Semester for which y (Both Regular and Arrears)	ou are appearing ;							
7. EXAMINATION FEES PAY	MENT DETAILS:	Details	Nos	Amount	Total Rs.			
a) Amount paid	: Rs.	1. Subject (a) fee	1	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
b) D.D.Number	:	2. Practical(s) /	†					
c) Date of payment	:	Dissertation fee 3. Cost of	 					
d) Name and place of		application form						
issuing Bank	:	4. Mark statement	1 1					
. Have you paid the course feet	due }	5. Provisional Certificate Fee *						
to the University	Yes / No	6. Degree/ Diploma	}					
Station:		Certificate fee	L					
riduori.		7. External Centre fee						
Date:		8. Late fee						
		1	Gra	and Total Rs.				
	Signature of the Candidate	<u></u>		-10 TOWN 100.				

CONTROLLER OF EXAMINATIONS

9. Subjec	ts in w	hich you	are a	ppearing.
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Title of the Paper								
Subject Code	FIRST YEAR / FIRST SEMESTER	Subject Code	FIRST YEAR / SECOND SEMESTER					
		1 1						
	·	1						
	SECOND YEAR / THIRD SEMESTER	-	SECOND YEAR / FOURTH SEMESTER					
		 						
		-						
	THIRD YEAR / FIFTH SEMESTER		THIRD YEAR / SIXTH SEMESTER					
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		T & George Co. 1						
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l	<u> </u>							

Score out the letters and numerals which are not applicable to you.

Alagappa University

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COLLABORATIVE PROGRAMME EXAMINATIONS,

ME EXAMINATIONS, 200
HALL TICKET

Photo						
to be						
affixed						
here						

(To be filled in by the candidate)
Name of the Candidate :

Enrolment Number :

Examination Centre :

SLIP ISCUE APPEARING (write the publicat code)

SUBJECTS APPEARING (write the subject code only)

Signature of the Candidate

Course

Controller of Examinations