

Application No.

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Directorate of Distance and Continuing Education
மனோன்மணியம் சுந்தரனார் பல்கலைக்கழகம்
MANONMANIAM SUNDARANAR UNIVERSITY
TIRUNELVELI - 627 012, TAMIL NADU.

**APPLICATION FOR ADMISSION OF STUDENTS FOR COURSES OFFERED IN
COLLABORATION WITH INTERNATIONAL FACILITY MANAGEMENT INSTITUTE**

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

Affix Passport
Size Photo Here Duly
Signed by the Candidate
at the Top and Attested
by the Gazetted Officer
at the Bottom.
DO NOT STAPLE

ENROLMENT No.
(For Office Use Only)

Name of the Course
Subject

Year Applied (I / II / III)

Address for Communication

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

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

1.Name of the Applicant
(as per 10th / HSC Certificate)

**2.Name of the Parent /
Guardian / Husband**

3.Date of Birth
(DD/MM/YYYY) & Age

4. Sex
(Male / Female)

5. a) Religion

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

6. a) Nationality

b) Mother Tongue

7. a) School / College
Previously Studied

**b) Course &
Subject**

c)Year of Study
(YYYY - YYYY)

8. Qualification

**Examination
Passed**

Reg. No.

**Month & Year
of Passing**

Subject

**Percentage
of Marks**

**Name of the
University / Board**

COLLABORATIVE PROGRAMME

APPLICATION FORM

cont.

9. If employed, present occupation & address

10. Enclosures

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

Language under Part-I (Tamil / Malayalam / Kannada / Telugu / Hindi / Urdu / Sanskrit)

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: Signature of the Parent / Guardian Signature of the Applicant
Date: (if the Applicant is below 18 years of age)

FOR THE USE OF DISTANCE EDUCATION STUDY CENTRE

All the originals mentioned above were scrutinised carefully and forwarded to the Director, Directorate of Distance Education, Manonmaniam Sundaranar University through the Director, International Facility Management Institute for admission and return. Photocopy of originals were verified by me in addition to attestation by a gazetted officer. The student has been instructed to produce the originals whenever demanded by the university. The Distance Education Study Centre is responsible for any lapse in this regard.

Place: Signature of the Office Asst.I / Clerk I Signature of the Office Asst.II / Clerk II Signature of the Co-ordinator with Seal
Date:

FOR THE USE OF NATIONAL CO-ORDINATOR

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

Place: Signature of the Office Asst. / Clerk Signature / Facsimile of the Director, IFMI with Seal
Date:

FOR THE USE OF DDCE, MSU

The applicant is admitted provisionally to the I / II / III year of the course in the Academic Year / Calendar Year in ENGLISH MEDIUM. He 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

1. **Name :**
2. **Father's Name :**
3. **Date of Birth :**
4. **Address :**

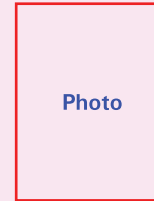
5. **Enrol No. :**
6. **Centre :**
7. **Course and Subject :**

Note : 1. This card is not Transferable. 2. If the original identity card is lost, duplicate Identify card will be issued on production of a Demand Draft for Rs. 350/- together with a requisition letter and a recent passport size Photograph.

Student Signature



**Manonmaniam Sundaranar
University
Tirunelveli - 627 012**



Photo

**Directorate of Distance and
Continuing Education**

Phone : 0462 - 2321620

Director

Student Identity Card