

REG. No.

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APPLICATION No. 19

(For Office use only)



PONNAIYAH RAMAJAYAM INSTITUTIONS

THANJAVUR & KUMBAKONAM

APPLICATION FOR ADMISSION / APPLICANT'S INFORMATION

YEAR 2019-20

| | | | | | | | | |
|--|--|--|--|--|--|--|--|---|
| Institution: PREC <input type="checkbox"/> PRPC <input type="checkbox"/> KPRPC <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> </td><td> </td><td> </td><td> </td><td> </td><td> </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: