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சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION

B.L.I.S. &amp; M.L.I.S. COURSES - 2017-2018

CERTIFICATE / DIPLOMA / P.G. DIPLOMA COURSE - 2017-2018

ENROLMENT NUMBER (to be assigned by the IDE office)

ACADEMIC YEAR 2017-2018

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS

Candidate to tick (✓) any one of the appropriate boxes  
for Tuition Fee Concession - (Refer to Page No. 19)Differently Abled  Prisoner 

| Name of the Course applied for<br>[put a (✓) in the appropriate box] | B.L.I.S. | M.L.I.S. | CERTIFICATE | DIPLOMA | P.G. DIPLOMA |
|--|----------|----------|-------------|---------|--------------|
|  |          |          |             |         |              |

| Name of the Certificate Course Applied for | Name of the Diploma / PG Diploma Course Applied for | Medium (Tick ✓)   |
|--|---|---|
|  |   | TAMIL <input type="checkbox"/> ENGLISH <input type="checkbox"/> |

| PERSONAL CONTACT PROGRAMME CENTRE |       |  | STUDY CENTRE/SPOT ADMISSION CENTRE<br>AT WHICH ADMISSION IS MADE |       |  |
|-----------------------------------|-------|--|--|-------|--|
| PCP Centre Code                   | Place |  | Centre Code  | Place |  |
|                                   |       |  |  |       |  |

ADDRESS FOR COMMUNICATION (WRITE IN CAPITAL LETTERS)

NAME : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Door No. & Street : \_\_\_\_\_

Town / Village Post : \_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_ INDIA

Pin code : \_\_\_\_\_

Phone (Res) : \_\_\_\_\_ Off. \_\_\_\_\_

Registered Mobile No.(RMN) : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Recent Passport  
Photograph signed by a  
Gazetted Officer /  
PRO/AR (IDE) /  
Faculty with Seal

|  |                  |                                      |                              |                                |                 |
|--|------------------|--------------------------------------|------------------------------|--------------------------------|-----------------|
| 1. NAME OF THE APPLICANT<br>(as given in the certificate in<br>CAPITAL LETTERS)  | (a) in English : |                                      |                              |                                |                 |
|  | (b) in Tamil:    |                                      |                              |                                |                 |
| 2. Father's Name<br>(a) Expansion of Initial   |                  |                                      |                              |                                |                 |
| 3. (a) Date of Birth as per Christian era  | (b) Age          | (c) Gender<br>(Tick ✓)               | Men <input type="checkbox"/> | Women <input type="checkbox"/> | d) Aadhaar No : |
|  |                  | Transgender <input type="checkbox"/> |                              |                                |                 |
| 4. Nationality   |                  |                                      |                              | 5. Religion                    |                 |
| 6. a) Community (Tick ✓)   | b) Caste         |                                      |                              | 7. Mother Tongue               |                 |
| OC <input type="checkbox"/> / BC <input type="checkbox"/> / MBC <input type="checkbox"/> / SC <input type="checkbox"/> / ST <input type="checkbox"/> |                  |                                      |                              |                                |                 |
| 8. Differently abled Candidates (Tick ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>  |                  |                                      | 9. Present Occupation        |                                |                 |

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| 10. Are you undergoing any other course in a College or University? If so, Specify |   |
| 11. The wards of Defence Personnel / Ex-Servicemen should specify as :             | (a) Ward of Defence Service Personnel<br>(b) Ward of Ex-Servicemen : Navy / Army / Air force. |

**12. DETAILS OF EXAMINATION PASSED**

| Examinations passed with Subjects   | Name of the      |                    | Month & Year of Passing | Registration Number | Class with Grade/Marks | Maximum Marks |
|---|------------------|--------------------|-------------------------|---------------------|------------------------|---------------|
|   | School / College | Board / University |                         |                     |                        |               |
| <b>S.S.L.C. / 10<sup>th</sup> Std.</b><br>Strikeout whichever is not applicable<br>(State whether it is 10 Years or 11 Years Course)      |                  |                    |                         |                     |                        |               |
| <b>P.U.C. / Higher Secondary</b><br>Strikeout whichever is not applicable<br>(State Whether it is One Year or Two Years Course)           |                  |                    |                         |                     |                        |               |
| <b>B.A. / B.Sc / B.Com / BLIS / BLS</b><br>Strikeout whichever is not applicable<br>(State Whether it is Two Years or Three Years Course) |                  |                    |                         |                     |                        |               |

**(The above statement must be attested by the same Gazetted Officer/Assistant Registrar/  
Public Relation Officer (IDE) / Faculty who attested the Photograph)**

**Enclosures**

- (1) ..... (3) ..... (5) .....  
 (2) ..... (4) ..... (6) .....

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the University that are in force from time to time.

Station :

Date :

**SIGNATURE OF THE APPLICANT**

**FOR OFFICE USE ONLY**

The Admission particulars furnished in the column No. 12 have been duly verified with Originals and the Candidate is eligible for admission

**VERIFYING STAFF**

1. Admission / Cancellation Intimation sent on .....

2. Certificates returned to the Candidate on .....

- (1) Statement of Marks      (2) S.S.L.C Book      (3) Conduct Certificate  
 (4) Birth Certificate      (5) Transfer Certificate      (6) .....

**ASST. /ASST. SECTION OFFICER**

**SECTION OFFICER**

**ASSISTANT REGISTRAR**

**STUDY CENTRE / SPOT ADMISSION CENTRE / PARTICIPATORY INSTITUTIONS / TWINNING PROGRAMME CENTRE / OFFICE**

**Signature of the Centre Co-ordinator with Seal**

**DIRECTOR**

Received the Provisional admission intimation and all the original certificates submitted by me

**SIGNATURE OF THE APPLICANT  
WITH DATE**



|  |   |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|---|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Nationality  | Indian <input type="checkbox"/> Others <input type="checkbox"/>   | 11. Region  | Urban <input type="checkbox"/> Rural <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 12. Religion   | <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |   |   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| 13. Caste  | <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |   |   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| 14. Community  | SC <input type="checkbox"/> ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>  |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 15. Differently abled Candidates   | YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 16. Are you Employed ?   | YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 17. Centre at which you propose to attend the Personal Contact Programme classes                                   | Name  |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | Code No.  | <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>            |   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 18. Centre at which you propose to collect the study materials (Refer Page No.50 to 52)                            | Name  |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | Code No.  | <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>            |   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 19. Are you a ward of a Defence Service Personnel? (Army / Navy / Air Force)                                       | Yes <input type="checkbox"/>  | Category  |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | No <input type="checkbox"/>   |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 20. Are you a ward of an Ex-service person ?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 21. Tuition Fee Concession Opted ?<br>(Candidate to tick (✓) any one of the appropriate boxes - Refer Page No. 19) | Differently Abled <input type="checkbox"/><br>Prisoner <input type="checkbox"/>   |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Station :</b><br><br><b>Date :</b>  |   | <table border="1"> <tr> <td style="padding: 20px;"> <b>Affix<br/>Passport Size<br/>Photo</b><br/><br/> <i>Not to be attested</i> </td> </tr> </table> |   | <b>Affix<br/>Passport Size<br/>Photo</b><br><br><i>Not to be attested</i> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Affix<br/>Passport Size<br/>Photo</b><br><br><i>Not to be attested</i>  |   |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  |   | <b>Signature of the Candidate</b>   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

**ADDRESS SLIP**  
**B.L.I.S. / M.L.I.S. / CERTIFICATE / DIPLOMA /**  
**PG DIPLOMA COURSES**

**Academic Year 2017 - 2018**

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**Affix**  
**Passport Size**  
**Photo**

*Not to be attested*

To be filled in by the applicant (6 copies of his/her address) and returned with the completed application form  
 (Please note that the admission intimation, original certificates and learning materials will be sent only to this address)

**USE BALL POINT PEN ONLY. WRITE IN CAPITAL LETTERS**

Name: .....

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Address: .....

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Mob.No.....

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