

Last Date: 03.11.2017

Registration No.

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St. PETER'S UNIVERSITY

St. Peter's Institute of Higher Education and Research
(Declared under section 3 of the UGC Act 1956)
Avadi, Chennai – 600 054.

END ASSESSMENT, NOVEMBER / DECEMBER -2017

M.A. / M.Com. / M.Sc.
(On -Campus Programme)
(2017-18 Batch)

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| PHOTO |
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EXAMINATION APPLICATION FORM

Branch: _____

1. Name in BLOCK LETTERS : _____
(as in the certificate in English)
2. Gender : Male/Female
3. Date of Birth : _____
4. Nationality : _____
5. Community : BC / MBC / SC / ST / Others
6. Father's Name : _____
7. Mother's Name : _____
8. Blood Group : _____
9. Aadhaar No : _____
10. (a) Present Address with pin code : _____
(in BLOCK LETTERS)

PIN: _____
- (b) Permanent Address with pin code : _____
(in BLOCK LETTERS)

PIN: _____
- (c) Telephone No. : _____

P.T.O

11. Particulars of Educational qualification:

| Qualifications | Board/College/ University | Month and year of passing | Reg. No. | Average marks /Class |
|----------------|------------------------------|------------------------------|----------|----------------------|
| | | | | |

Note: Copies of the certificates and Transfer Certificate are to be enclosed.

12. (a) No. of papers in the End Assessment :

| Semester | No. of Papers | |
|------------------------------|---------------|-----------|
| | Theory | Practical |
| All the papers in I Semester | | |

(b) Date of Payment of Arrear Examination:
(Enclose a copy of the challan)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

13. Whether I year Tuition fee is paid. : Yes / No
(If yes, enclose a copy of the challan)

I certify that all the above particulars given by me are correct.

Date:

Signature of the Student

| S.No. | Particulars of Fee | Name of the Programme |
|-------|-------------------------|-----------------------|
| | | PG (Rs.) |
| 1. | Cost of Application | 30 |
| 2. | Statement of Marks | 50 |
| 3. | Theory (Per Subject) | 130 |
| 4. | Practical (Per Subject) | 180 |
| 5. | Project | 500 |

SIGNATURE OF HOD (With Seal)

Note: The filled-in application is to be submitted to the Controller of Examination through the HOD concerned.