

Avinashilingam
Institute for Home Science and Higher Education for Women

University

(Estd. u/s 3 of UGC Act 1956) Coimbatore - 641 043, Tamil Nadu, India (Deemed University under Category 'A' by MHRD) Re-accredited with 'A' Grade by NAAC

Application for Admission to MBA Programme 2014 - 2015

Note: Application should be filled in completely. Incomplete application will be rejected.

	AST DATE FOR	RECEIPT OF	FILLED	IN APPLI	CATION FOR	M IS:	07.05.2014*				
	OFFICE	USE ONL	Y	·	To be filled in by the candidate INDICATE PREFERENCE (1, 2)						
F	Reg. No.	Date		MBA MBA - IT	MBA MBA - IT ORGANISATION ADMINISTRATION						
F	ee Rt. No	Date		UG - IC	(Please Tick) UG - I Class						
Na	me of the course app	olied for :					,				
1.	Name of the Applican (BLOCK LETTERS) a				Affix Passport Size Photograph taken						
2.	Age and Date of birth	in Christian Era	:		within a period of 3						
3.	Nationality : India	Others (Ple	ease specify)		months prior to submission of						
4.	Religion				application						
5.	Indicate whether you belong to SC/ ST/OBC/OC (✓) with caste			SC	ST	OBC	ОС				
	(If belonging to SC/ST an attested xerox copy of Community Certificate should be enclosed, In case of OBC, recent certificate as per										
	Government of India		Caste:								
6.	Details regarding Parent / Guardian			Father	Mo	ther	Guardian				
	Father, Mother / Guardian's Name										
	Occupation / Designation Annual Income										
	Phone No.										
7.	Address to which cor are to be sent	mmunications	:								
	Email :				ı	Pincode No.					
8.	A Are you Physica	Yes / No									
	B. If yes, the Nature	e of challenge	1								
	a) Blind (or) b) Deaf / Dumb (or) c) Ortho :										
	C. If so, attach a true copy of Medical Certificate in support of the above										
9.	Qualifying Degree University College			Studied Register No.			Month and Year of last appearance				
0	Details of P.G. programmes already undergone			College /	University	C	Course				
10.											

^{*} Any change in the last date for receipt of filled in application form will be notified in the University website

11. Educational Particulars (Strik	e out which is i	not applicable. Spe	cify name o	of subject w	herever needed)	
Name of the Examination passed	Register Number	Month & Year of passing	Class	Marks/ Grades	The state of the s	No. of
S.S.L.C.						
Higher Secondary / Pre-Degree						
B.A. / B.Sc. / B.Com./ Others						
Part I - Language						
Part II - English / Alternate Subject						
Part III - Main Subjects						
Ancillary I	-	•				
Ancillary II			÷1			
Any other Subject offered						
TOTAL MARKS FOR PART III (%)						
Certified True Copy : (To be 12. Particulars of Common Ent Tick the Exams Applicable and CMAT MAT CAT TANCE	nation and Office Register Number	Seal Month	n & Year assing	Signatur Marks/Grades obtained		
1.						
2.	. 4					
(Attested copies of the Degree Mai	k Sheets and	Entrance Exam S	cores shou	uld be encl	L	
13. Employment details (chrone						
Name of the		, ii danatata la d	Imployed			
Organisation/ Designation Institution	of Job	rom To		Total years of experience as on 1, January 2014		
14. Is hostel accommodation requ Yes No	15. La n	15. Languages known			Speak	
16. Extra curricular activities :						
M.L.P. N.S.S. N.	C.C. Pla	anning Forum	Social S	ervice Assr	n. Any Othe	er
17. If you are sponsored by any Org	janisation, give	details.			*	
8. Any other P.G. Programmes you	have applied in	n this University no	W			
19. Mother, Sister, Aunt or other rela	ative who had s	tudied in this Unive	ersity / Colle	ege previou	sly (Give details)	
I declare that the particulars given abo he conditions specified therein, if selected. I declare also that correct marks are t	furnished by me i	n the application form	and I agree	to abide by th	ne conditions that if,	after prope
crutiny of my marks, it is found that the mar t what stage of the course I will be in at that ction may be initiated against me for furnis	time (ii) I may	be debarred from purs	m are not cor suing the stud	rect (i) I wi dies for a peri	II forfeit the admission of three years and	on, no matte I (iii) lega
I am aware of the law of ragging			meted out on	me in case I	am found guilty of ra	agging.
Station :						
Date :	Signatu	ire of the Applicar	nt	Signatu	re of the Parent /	Guardian
The Registrar, Avinashilingam Insti	tute for Home		r Education	for Wome		41 043.
Please do n	ot submit Origi	nal Certificates wi	th this appl	ication forn	n.	