



VELS UNIVERSITY, CHENNAI - 117

Application for M.Phil., Registration
E-mail ID: registrar@velsuniv.org



FULL TIME / PART TIME

DETAILS OF REMITTANCE (To be filled by the Candidate)

- i. Name of the Bank / Branch :
- ii. Amount remitted :
- iii. Demand Draft Number :
- iv. Date of Issue :

1. PARTICULARS OF THE APPLICANT

- i. Name of the Applicant : _____
(In Block letters)
- ii. Date of Birth and Age : _____
- iii. Sex : Male / Female
- iv. Nationality : Indian Others Specify _____
- v. Community : OC BC MBC SC ST
- vi. Father's Name : _____
- vii. Mother's Name : _____
- viii. Residential Address : _____

Affix
Attested
photo

Pin Code: _____
 Landline No: _____ Mobile: _____
 E-mail: _____

- ix. Communication Address : _____

Pin Code: _____

- x. Number of years studied in School and College : 11+1+3+2= 17 Yrs 10+2+3+2= 17 Yrs

2. EDUCATIONAL QUALIFICATIONS:

(Attested certificates to be enclosed)

S.No	DEGREE	SUBJECT	NAME OF THE INSTITUTION	UNIVERSITY	YEAR	CLASS / RANK
i.	UG					
ii.	PG					

3. DETAILS OF Post Graduate Studied

Reg. No	Month & Year of Passing	Title of the Paper	Marks Awarded		Max		Grade
			IA	UE	IA	UE	

7. DETAILS OF CERTIFICATES (Attested Copies only) ENCLOSED:

- i.
- ii.
- iii.
- iv.
- v.
- vi.

I _____ hereby declare that the particulars furnished in the application are true and correct. In case any of the particulars furnished in the application is found incorrect, I agree to forfeit my admission without any prior notice at any stage.

Place:

Date:

Signature of the candidate