

Application No. :



VELS
UNIVERSITY
CHENNAI - INDIA



VEL'S INSTITUTE OF SCIENCE, TECHNOLOGY AND ADVANCED STUDIES (VISTAS)

(Established under section 3 of the UGC Act, 1956)

Regd. Office : Velan Nagar, P.V.Vaithiyalingam Road, Pallavaram, Chennai - 600 117, Tamil Nadu, India.

APPLICATION FORM FOR ADMISSION

(Write in CAPITAL Letters only)

Affix recent
passport size
photo

Enrollment No.
(For Office use only)

Academic Year 2 0 - 2 0

Course applied for UG PG Diploma Research Full-time Part-time

Subject applied for
(Specify the Major)

Language opted for Part - I For UG Courses

1. Name of the Applicant as in the Birth Certificate or Marks statement of XII Standard.

2. Sex : Male Female 3. Date of Birth & Age Date Month Year Age 4. Blood Group

5. a) Nationality b) Mother Tongue

c) Religion : (✓ Tick) Hindu Christian Muslim Others

d) Community : (✓ Tick) OC BC OBC MBC DNC SC ST

e) Caste : f) State :

g) For Foreign Students : Nationality

Passport Number Visa Period Valid till

6. Father's Name

7. Mother's Name

8. a) Father's Date of Birth & Age Date Month Year Age b) Mother's Date of Birth & Age Date Month Year Age

DECLARATION

I, hereby affirm that the particulars given in this application form are true and correct to the best of my knowledge. If it is found at any stage that there is suppression, distortion, incorrect or false statement of data, I am aware of the fact that this may lead to my dismissal from the University and I would also be liable to make good any loss that may be caused due to covert action. I also agree that I would lose all rights and claims consequently whatsoever. I further state that I shall not partake in any strike, demonstration or political activity. I agree that all disputes are subject to the jurisdiction of the court in Chennai only.

Place :

Date :

Signature of the Applicant

1. If admitted we agree to be bound by the rules and regulations now in force and those that will be made from time to time. We will make good the loss of damage to the property of the institution caused by us.
2. We also promise that we will do nothing either inside or outside the institution that will interfere with its discipline.
3. We accept that all the decisions of the authorities in all matters of training, conduct, process of examinations and discipline .
4. We promise to abide by the rules and regulations of your University.
- 5 WE FURTHER ACCEPT THAT IF I/MY SON/DAUGHTER WISHES TO LEAVE THE INSTITUTION IN THE MIDDLE OF THE COURSE, WE WILL PAY TUITION FEE FOR THE FULL COURSE BEFORE THE ISSUE OF THE TRANSFER CERTIFICATE AND OTHER CERTIFICATES.

Place :

Date :

Signature of the Applicant

Signature of the Parent / Guardian

Details of Photo copies of the certificates to be submitted by the candidate at the time of Admission.

S.No.	Particulars of Certificate	Certificate Sl. No.	Reg. Number / Month & Year of Passing
1.	10th Std. Mark Sheet(s)		
2.	H.S.C or Equivalent Mark Sheet(s)		
3.	Degree Mark Sheet Nos.		
4.	Provisional Certificate		
5.	Degree Certificate		
6.	Migration Certificate		
7.	Transfer Certificate		
8.	Community Certificate		
9.	Other Certificate(s) if, any...		
10.	Self-address stamped Envelope -2 (Rs.10 each)		

ACKNOWLEDGEMENT (for Office use only)

Received your Application No..... for Admission to the Course

With Registration No.....

Authorised Signatory