



SASTRA UNIVERSITY

Form No.

**The Dean,
Department of Sanskrit and Vedic Studies,
School of Humanities and Sciences,
SASTRA UNIVERSITY
THANJAVUR 613401.**

**Application Form for Admission to M.A.Sanskrit & Diploma
in Vedic Studies 20 - 20**

For Office Use only		

Course & Code	Subject	Medium	Enrolment No.

Course Fee details	Address for Communication	Affix passport size photo
Name of the Bank:	Name:	
D.D. Issued Place:		
D.D. No.:		
Date :		
	Pin Code:	
	Mobile :	

1. Name of the Applicant (in English) in Block Letters : _____
2. Sex : _____
3. Date of Birth : _____
4. Status : Married / Unmarried
5. Community : OC / BC / OBC / SC / ST
6. Occupation : _____
7. Annual Income : _____
8. Mother Tongue : _____

9. Nationality : _____
10. Father/ Husband/Guardian Name : _____
11. Name of the Institution last studied
(Address) :

S. No.	Class	Month & Year	SSLC / +2 / Diploma in Sanskrit Degree	% of Marks	Name of School / University
1	SSLC				
2	+2 (H.Sc.)				
3	Dip. Sanskrit if any				
4	Bachelor Degree				
5	Master Degree				
6	Applying under the Regulation I / II / III :				

DECLARATION BY THE APPLICANT

I hereby declare that I have read and understood the eligibility criteria for the programme for which I seek admission. I fulfil the minimum eligibility criteria and I have provided necessary information in this regard in the application form. I shall provide proof of my eligibility. I accept the rules of the university and shall not raise any dispute in future about the rules. In the event of any information being found incorrect or misleading my candidature is liable to be cancelled by the University at any time and shall not entitle me for refund of any fee paid by me to the university. I accept the allotment of study centre by the university.

Date:

Signature of the Candidate

For Office Use Only

Received by

Post

in person

Enrollment No:

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Date of Receipt of the Form _____

Eligible/ Not Eligible _____

Signature of the Co-ordinator



SASTRA UNIVERSITY
The Dean,
Department of Sanskrit and Vedic Studies,
School of Humanities and Sciences,
SASTRA UNIVERSITY
THANJAVUR 613 401.

Application for Change of Address

To
The Dean,
Department of Sanskrit and Vedic Studies,
School of Humanities and Sciences,
SASTRA University
Thirumalaisamudram
Thanjavur 613 401.

Name of the Student: _____

Enrollment No: _____

Programme: _____

Details for Change of Mailing Address

New Address

Old Address

Signature of the Student

Date:



SASTRA UNIVERSITY The Dean,

Department of Sanskrit and Vedic Studies,
School of Humanities and Sciences,

SASTRA UNIVERSITY
THANJAVUR 613401

Examination Form

Term-End Exam Jan / Dec.._____

Programme: _____

Enrollment Number:

Exam Centre Code:

Name:

Please indicate correct course code and complete course title in which you intend to take the examination. The course(s) which you have already passed should not be mentioned since improvement of score grade is not permissible.

S. No.	Course Code	Course Title
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

<p align="center"><u>Fee Details:</u></p> <p align="center">DD. No.</p> <p align="center">.....</p> <p align="center">Bank:</p> <p align="center">.....</p> <p align="center">D.D. Amount:</p> <p align="center">.....</p> <p align="center">Date:</p>

Signature of the candidate

INSTRUCTIONS

1. Filled in form along with demand draft payable at Thanjavur in favour of **The Dean, Department of Sanskrit and Vedic Studies, School of Humanities and Sciences, SASTRA University, Thirumalaisamudram, Thanjavur-613 401.**
2. Enrollment No. should be written correctly.
3. The Students should refer the Dean's Office for the exact date of the commencement of the exam schedule.
4. The Hall Tickets will be sent by post, prior to the commencement of the examination.
5. Examination fee once paid will not be refunded and will not be adjusted for subsequent examination.
6. Examination centre will be assigned by the University and change of examination centre is not permitted of UG/ Diploma

SASTRA UNIVERSITY

The Dean,
Department of Sanskrit and Vedic Studies,
School of Humanitics and Sciences,
SASTRA UNIVERSITY
THANJAVUR 613401
SECOND YEAR FEE Remittance

1. Programme Code :
2. Enrollment Number :
3. DD details :

DD No: _____ DD Dated _____

Amount: Rs: _____ Bank Name & DD Issued place _____

4. Name &

Address for Correspondence _____

Pin code _____

Phone / Mobile _____

I accept the terms and conditions of the University.

Place

Date

Signature of the Student

SASTRA UNIVERSITY

The Dean,
Department of Sanskrit and Vedic Studies,
School of Humanities and Sciences,
SASTRA UNIVERSITY
THANJAVUR 613401

HALL TICKET

1. Name of the Programme :
2. Name of the Student :
3. Enroll Number :
4. Examination Centre :
5. Exam Centre Code :

Attested
photo
should be
Affixed

Signature of the Issuing Authority

Signature of the Student

Signature of the Exam Personnel (Sign & date)