



# SASTRA UNIVERSITY

Form No.

**DIRECTORATE OF DISTANCE EDUCATION,  
Department of Oriental Studies & Research,  
Thirumalaisamudram, Thanjavur-613 401.**

## **Application Form for Admission to M.A. DIVYAPRABANDHAM 2015 to 2017**

Email Id :

Mobile No.

<b>For Office Use Only</b>			
<b>Course &amp; Code</b>	<b>Subject</b>	<b>Medium</b>	<b>Enrolment No.</b>

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

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	% of Marks	Name of School / University
1	SSLC			
2	+2 (H.Sc.)			
3	Bachelor Degree			
4	Master Degree			

### **DECLARATION BY THE APPLICANT**

I hereby declare that I have read and understood the eligibility criteria for the MA Divyaprabandham 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
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 Enrollment No: 

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Date of Receipt of the Form \_\_\_\_\_

Eligible/ Not Eligible \_\_\_\_\_

Signature of the Director: