Application Sl.No:

CENTRE FOR OPEN AND DISTANCE EDUCATION (COADE)

Periyar Nagar, Vallam Thanjavur-613 403, India. Phone:04362- 264540 Fax:04362- 264660 E-Mail:coade@pmu.edu Web: www.pmu.edu/coade



Application for Admission to COADE Programmes Academic year 20 -20/ Calendar Year 20

CER	DIPLOMA	AD.DIP	UG	PG.DIP	PG	M.Phil	Ph.D

Enrolment No :	(for office use)	
Centre Code	:	
Programme Code	:	Affix recent
Academic Programme applying	:	Passport size Photograph
Medium	:	
1. Name of the Applicant (in capital letters)	:	
2. Father's Name	:	
3. Date of Birth	:	
4. Address	:	
5. Sex	: Male / Female	
6. Nationality	:	
7. Religion	:	
8. Community (Tie	:SC / ST / OBC / BC /Others ck the appropriate one)	
9. Marital status	:	

Course (s)	Instituti	ion	Year of passing		Marks /Grades				
11. Work experience, if any. (Provide proof in the Experience certificate attached.):									
Instituti	Institution		Designation		Years of experience				
12. Details of fee paid :									
h Rank		a. Name o	f the Bank						
b. Bank Draft No : c. DD Date : d. Amount .Rs. :									
DECLARATION BY APPLICANT									
I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the university at any time and I shall not be entitled to refund of any fees paid by me to the University.									
Date :				Sign	ature of the candidate				
Place:									
CHECK LIST									
Attach 3 Photos, affixed one passport size photo and signed									
Certificate(s) in support of your educational qualifications									
Proof of your age, if required									
Category certificate for SC/ST/OBC candidates									

10. Educational Qualifications (Attach copies of the mark sheets and certificates):