

ALAGAPPA UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
KARAIKUDI – 630004

Please tick the appropriate to:

Date: _____

S.No	Particulars	Details of Enclosures
1	Transfer Certificate (TC)	Previous Original TC, Demand Draft for Rs.100/-, Xerox Copy of ID card or Degree Certificate
2	Course Completion Certificate	ID Card Xerox Copy, Demand Draft for Rs.400/-
3	Migration Certificate	Provisional Certificate Xerox copy(Original for Verification), Demand Draft for Rs.400/-
4	Bonafide Certificate	ID Card Xerox Copy
5	Medium Certificate/PSTM TRB / TNPSC	Xerox copy of ID Card and Provisional Certificate ,Degree Certificate

Name of the Candidate : _____

Father Name : _____

Enrolment No & Course Name : _____

Date of Birth : _____

Present Address : _____

Pin code: _____

Phone No: _____
(with STD Code)

Mobile No: _____
Email ID : _____

It is solemnly declared that the information furnished above is true to the best of my knowledge. If any of these are found incorrect at any point of time, I shall be liable for action as per rules of the University.

Signature of the Candidate

Enclosure:

1. DD No: _____ Date: _____ Amount Rs. _____ Bank: _____

Note: DD must be drawn in favour of “**THE DIRECTOR, DDE, ALAGAPPA UNIVERSITY** Payable at Karaikudi.”

Received Sign with date: _____