



VINAYAKA MISSIONS UNIVERSITY, SALEM.

DIRECTORATE OF DISTANCE EDUCATION

EXAMINATION APPLICATION FOR MAY / DECEMBER 200__

1. Name of the Course:	2. Course Code:
3. Examination Centre:	3. Study Centre Code:

1. Name of the Candidate
(in Block Letters)

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2. Register No. :

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3. Father's Name
(in Block Letters)

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Date Month Year

4. Date of Birth :

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5. Sex : Male / Female

6. Address :

Pin ----- Phone No. :-----

E-mail:

7. Year for which you are appearing [✓] :

I Year	II Year	III Year	IV Year
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8. Semester for which you are appearing [✓] :

I	II	III	IV	V	VI	VII	VIII
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9. Examination Fees Payment Details :

S.No.	Details	Total Nos.	Amount (Rs.)	Total (Rs.)
1.	Cost of Application Form			
2.	No. of Theory Papers:			
3.	No. of Practicals:			
4.	Dissertation Fee			
5.	Statement of Marks			
6.	Cumulative Mark Sheet			
7.	Provisional Certificate Fee*			
8.	Convocation Certificate Fee*			
9.	Late Fee			
Grand Total				

* to be paid by the final year candidates only

a) D.D. No.: _____ b) D.D. Date: _____ c) D.D. Amount: Rs. _____

d) Name & Place of the Bank: _____
(Attach the copy of the challan if remittance directly to ICICI Bank)

10. Detail of Qualification acquired:

Course Name	Subject Name	Register No.	Name of the Board / University	Month & Year of Exam Passed	Certificate Number
S.S.L.C					
+2 / H.S.C					
UG Degree					
PG Degree					

11. Details of previous appearing in Vinayaka Missions University:

Year / Semester	Month & Year of appeared	Register No.	Folio No.	Result
I – Year				
II –Year				
III –Year				
IV-Year				
I Sem				
II Sem				
III Sem				
IV Sem				
V Sem				
VI Sem				
VII Sem				
VIII Sem				

12. Subjects in which you are appearing:

S.No.	Year	Semester	Subject Code	Subject Name
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Place :
Date :

Signature of the Candidate

