



# VELS UNIVERSITY



CHENNAI - INDIA

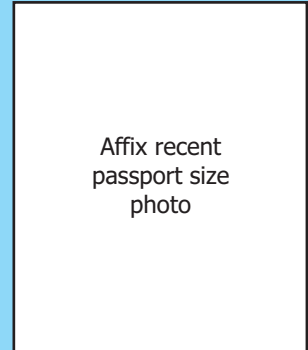
## VELS INSTITUTE OF SCIENCE, TECHNOLOGY AND ADVANCED STUDIES (VISTAS)

(Established under section 3 of the UGC Act, 1956)

Regd. Office : Velan Nagar, P.V.Vaithiyalingam Road, Pallavaram, Chennai - 600 117, Tamil Nadu, India.

### APPLICATION FORM FOR ADMISSION

(Write in CAPITAL Letters only)



Enrollment No. (For Office use only)

Academic Year

Course applied for (✓ Tick) UG  PG  Diploma  Research  Full-time  Part time

Subject applied for (Specify the Major)

Language opted for Part - I For UG Courses

1. Name of the Applicant as in the Birth Certificate of Marks statement of XII Standard.

2. Sex : Male  Female  3. Date of Birth & Age Date   Month   Year     Age   4. Blood Group

5. a) Nationality  b) Mother Tongue

c) Religion : (✓ Tick) Hindu  Christian  Muslim  Others

d) Community : (✓ Tick) OC  BC  OBC  MBC  DNC  SC  ST

e) Caste :  f) State :

g) For Foreign Students : Nationality

Passport Number  Valid upto

Visa Valid from  upto

6. Father's Name

7. Mother's Name

8. a) Father's Date of Birth & Age Date   Month   Year     Age

b) Mother's Date of Birth & Age Date   Month   Year     Age



## DECLARATION

I, ..... hereby affirm that the particulars given in this application form are true and correct to the best of my knowledge. If it is found at any stage that there is suppression, distortion, incorrect or false statement of data, I am aware that this may lead to my dismissal from the University and I would also be liable to make good any loss that may be caused due to covert action. I also agree that I would lose all rights and claims consequently whatsoever. I further state that I shall not partake in any strike, demonstration or political activity. I agree that all disputes are subject to the jurisdiction of the courts in Chennai only.

Place :

Date :

\_\_\_\_\_  
Signature of the Applicant

1. If admitted we agree to be bound by the rules and regulations now in force and those that will be made from time to time. We will make good the loss of damage to the property of the institution caused by us.
2. We also promise that we will do nothing either inside or outside the institution that will interfere with its discipline.
3. We accept that all the decisions of the authorities in all matters of training, conduct, process of examinations and discipline will be final.
4. We promise to abide by the rules and regulations of the University.
5. WE FURTHER ACCEPT THAT IF I/MY SON/DAUGHTER WISHES TO LEAVE THE INSTITUTION IN THE MIDDLE OF THE COURSE, WE WILL PAY TUITION FEE FOR THE FULL COURSE BEFORE THE ISSUE OF THE TRANSFER CERTIFICATE AND OTHER CERTIFICATES.

Place :

Date :

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Signature of the Parent / Guardian

Details of Photo Copies of the Certificates to be submitted by the candidate at the time of Admission.

S.No.	Particulars of Certificate	Certificate Sl. No.	Reg. Number / Month & Year of Passing
1.	10th Std. Mark Sheet(s)		
2.	H.S.C or Equivalent Mark Sheet(s)		
3.	Degree Mark Sheet ..... Nos.		
4.	Provisional Certificate		
5.	Degree Certificate		
6.	Migration Certificate		
7.	Transfer Certificate		
8.	Community Certificate		
9.	Other Certificate(s) if, any...		
10.	Self-addressed stamped Envelope - 2 (Rs.10 each)		

## ACKNOWLEDGEMENT (for Office use only)

Received your Application No..... for Admission to the Course .....

With Registration No.....

Authorised Signatory



13. Board of Examination appeared / Passed :

14. Medium of Instruction :

15. Details of the Qualifying Examination :  Passed  Appearing / appeared

S.No.	Name of the Qualifying Exam.	Register Number	Name of the University / Board	Month & Year of Passing / Appearing

16. Percentage of Marks obtained (if applicable) :

17. Your Preference of Examination Centre :  **1.**  **2.**  **3.**

18. Sports achievement :  University  State  National  International  None

19. Course Applying for :

20. Choice of Course :

Order of Preference	Branch / Specialisation

**21. DECLARATION**

I hereby declare that I have carefully read the instructions and understood the particulars supplied to me and that the entries made in this application form are true and correct to the best of my knowledge and belief. I understand that the decision of the university is final with regard to selection for admission. If selected for admission, I promise to abide by the rules and regulations of the university as existing and as would be amended from time to time. The university shall have the right to expel me from the university at any time after admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents providing that my continuance in the university is not desirable. I agree that all disputes are subject to the jurisdiction of the courts at Chennai only.

Place :  Signature :

Date :  Name of the Applicant:

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and correct. If any of the information provided to the university is false, my ward and I shall abide by the actions and decisions taken by the university.

Name of the Parent / Guardian :  Signature :

Application No.



**VELS**  
**UNIVERSITY**



CHENNAI - INDIA

VELS INSTITUTE OF SCIENCE, TECHNOLOGY AND ADVANCED STUDIES (VISTAS)  
Estd. u/s. 3 of the USC Act, 1956

Velan Nagar, P.V.Vaithiyalingam Road, Pallavaram, Chennai-600 117, Tamil Nadu, India.

**ENTRANCE EXAMINATION HALL TICKET**

Name :

Reg. No. :

Date of Birth :

Course :

Affix recent  
passport size  
photo

\* Examination Centre :

Note: Verify the Name, Date of Birth, Photo and Course

\* - To be filled by Office.

Signature of the Candidate

Controller of Examinations