



DIVINE EDUCATIONAL TRUST
(UNIVERSITY STUDY CENTER)
NEAR ENGLISH CHURCH, NADAKKAVU
CALICUT-11 0495-3247485

APPLICATION FOR ADMISSION TO

STUDENT'S PERSONAL INFORMATION (PLEASE FILL IN BLOCK LETTERS)

1. NAME :

2. Father/Husband Name :

3. Mother Name :

4. DATE OF BIRTH : ____/____/____
(As Per Mark Card)

6. SEX: M/ F

7. NATIONALITY : Indian

Non Indian

8. POSTAL ADDRESS OF APPLICANT :

.....
.....
.....

Pin :

9. CONTACT NUMBERS (1) OFFICE: (3) MOBILE:

(2) RESIDENCE: (4) E-MAIL:

10. Qualifying Examinations Passed

Examination Passed	Board/University	Reg No. & Year of passing	Marks obtained	%Of Marks	Class Obtained
S.S.L.C					
+2					

11. Applicants which university select

12. Fee payment details

S.No	TYPE OF FEE	AMOUNT (RS.)
	Total	

Fee Paid DD No:

Dated : __/__/____

Branch of remittance :

Name of the Bank:

Declaration by the Candidate: I acknowledge to have fully read the prospectus and certify that I have understood all the provisions indicated therein. I certify that I am qualified for the program as indicated in the prospectus. I hereby certify that all particulars stated by me in application are true to the best of my knowledge and belief. I understand that my admission is liable to be cancelled if I suppress or distort any information furnished in my application. I understand that University reserves the right to modify/ delete the syllabi, program structure, rules and regulations, as and when required. I understand fees once paid will not be refunded. I understand that the University reserves the right to cancel the admission without assigning any reason.

Place:

Date:

Specimen signature

1.

2.

Signature of the Applicant

\Note: 1. Candidates are required to attach the following documents with this form;

- Attested photocopies of the Certificates/Detailed Marks Cards of the qualifying exams.
- Crossed DDs
- Identity Card (Duly filled & photograph pasted by the candidate) and attested by study center co-ordinator