

Registration No.

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St. PETER'S UNIVERSITY
St. Peter's Institute of Distance Education
Chennai-600 054.

I SEMESTER END ASSESSMENT, JANUARY 2011

(Batch: 2010- 2011)

EXAMINATION APPLICATION FORM

Programme : **M.C.A.**

Code No. :

PHOTO

Code Number of Student Support Centre:

1. Name in BLOCK LETTERS : _____
(as in the certificate)

2. Gender : Male/Female

3. Date of Birth : _____

4. Nationality : _____

5. Community : BC / MBC / SC / ST / OC

6. Father's Name : _____

7. Mother's Name : _____

8. Blood Group : _____

9. (a) Present Address with pin code : _____
(in BLOCK LETTERS)

PIN: _____

(b) Permanent Address with pin code : _____
(in BLOCK LETTERS)

PIN: _____

(c) Residential Telephone No. : _____ Mobile No. _____

(d) E-mail : _____

P.T.O

10. Particulars of Educational qualification:

Qualifications	Board/College/ University	Month and year of passing	Reg. No.	Average marks /Class

Note: Copies of the certificates and Transfer Certificate are to be enclosed.

11. No. of papers in the End Assessment :
(Candidates have to register for all the papers prescribed)

Theory

5

Practical

2

12. Details of Fees paid for End Assessment* :
(DD in favour of 'St. Peter's University'
payable at Chennai is to be enclosed)

Amount: Rs 1150/-

DD No.

Date of Payment:.....

Bank and Place.....

13. I certify that all the above particulars given by me are correct.

Date:

Signature of the Student

Signature of the Director
St. Peter's Institute of Distance Education
(With Seal)

Signature of the Coordinator
(With Seal)

Note: The filled-in application is to be submitted to the Controller of Examination through Director,
St. Peter's Institute of Distance Education on or before 22.12.2010.

*

S.No.	Particulars of Fee	Name of the Programme
		PG (Rs.)
1.	Cost of Application	25
2.	Statement of Marks	25
3.	Theory (Per Subject)	150
4.	Practical (Per Subject)	175
5.	Project	400