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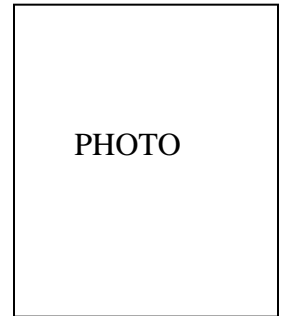
St. PETER'S UNIVERSITY
St. Peter's Institute of Distance Education
 Chennai-600 054.

END ASSESSMENT, NOVEMBER/DECEMBER 2011
 (Batch: 2011)

EXAMINATION APPLICATION FORM

Programme : **M.B.A.**
 (Semester)

Code No. : **411**



Code Number of Student Support Centre:

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

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 : _____

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. (a) No. of papers in the End Assessment :

	Theory	Practical
All the Papers in I Semester		

(b) Total amount of Assessment Fee :

I Semester *	Rs.
Total	Rs.

12. Details of Fees paid for End Assessment* : Amount: Rs. DD No.
 (DD in favour of 'St. Peter's University'
 payable at Chennai is to be enclosed) Date of Payment:..... Bank and Place.....

13. Whether I year Tuition fee is paid: Yes / No

14. 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 15.11.2011

S.No.	Particulars of Fee*	MBA (Rs.)
1.	Cost of Application	25
2.	Statement of Marks	25
3.	Theory(Per Subject)	350