

# APPLICATION FORM: INSTRUCTION TO CANDIDATES GUIDELINES FOR FILLING THE OMR APPLICATION FORM

## General Instructions:

- Please refer the sample application attached in the Prospectus. The name and details given are samples. Please fill in your name and other details in the Application Form.
- Please do not **fold, staple or pin** this Form.
- Please use black ballpoint pen to shade and to write the information where ever it is necessary. (Use only capital letters, ensure you enter the correct code mentioned against the apt choice and shade the oval accordingly)

## Follow the instructions strictly to fill in the application:

- Application number Bar coded.
- Please write your name in the boxes provided. Shade your name as per the sample. After shading your name, please check whether you have shaded properly.
- District Code: Serial No. 3, shade the appropriate District Code from the list given below.

01 Chennai	09 Karur	17 Salem	25 Tirunelveli
02 Coimbatore	10 Krishnagiri	18 Sivagangai	26 Tiruchirappalli
03 Cuddalore	11 Madurai	19 Thanjavur	27 Tuticorin
04 Dharmapuri	12 Nagapattinam	20 The Nilgiris	28 Vellore
05 Dindigul	13 Namakkal	21 Theni	29 Villupuram
06 Erode	14 Perambalur	22 Thiruvallur	30 Virudhunagar
07 Kancheepuram	15 Pudukottai	23 Thiruvannamalai	31 Ariyalur
08 Kanyakumari	16 Ramanathapuram	24 Thiruvannamalai	32 Puduchery
- Shade either Urban or Rural
- Sex: Shade your sex
- Nationality: Shade the appropriate one
- Date of Birth: Shade as per sample OMR, first day, month and year.
- 8, 9 Refer to Table given below

S.No.	Name of the programme	Programme Code	Name of the Programme Study Centre	Programme Study Centre Code
1.	MBA (Shipping & Logistics)	263	1. Asian Institute of Shipping and Logistics 2. Hindustan Institute of Maritime Training 3. Southern Academy of Maritime Studies	021401 021402 021403
2.	MBA (Hospital Administration)	262	PSG Hospitals	031001
3.	MBA (Retail Management)	264	Madras Institute of Retail Management	021501

10, 11, 12, 13 – Not Applicable (Do Not Shade).

- Fill in your address for correspondence where you would like to receive all correspondences. Do not give Post Box No. as address.
- Write your Father's Name / Husband's Name: Use CAPITAL letters only.
- Write your name in Tamil with initial.
- For Programme Study Centre Code refer the table given above.
- For fee details refer to appropriate pages for each programme in the prospectus. Use CAPITAL letters to write the name of the bank. Shade other details in the space provided.
- You have to write only the highest qualification you have obtained. Write the Year of Passing – year in which you have passed out the Highest Qualification as mentioned in the sample. M.B.A.(Shipping & Logistics) students should write the Marine Qualification and the name of the Authority which has issued the Certificate of Competency
- 20 – 23 & 25 – 27. Shade the appropriate boxes properly.
- M.B.A. (Shipping & Logistics) students should write their work experience in marine industry.  
M.B.A. (Hospital Administration) students should write their work experience in hospitals
28. Check list: Shade the appropriate boxes.

**Please shade the OMR sheet and send it along with the duly filled in Application Form and enclosures to the Programme Study Centre / University.**



15. Father's Name / Husband's Name

16. மாணவர் பெயர் தமிழில் முதலெழுத்து உட்பட (with initial)

<b>17. Study Centre Code</b>	<b>18. Core Banking Challan / DD Details</b>																																																																																																																																																																																																																																
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20. Religion	21. Category	22. Marital Status	23. Employment Status	24. Work Experience	25. Employment in	26. Special category	27. Annual Income (in Rupees) of Self & Parent / Guardian
Hindu <input type="checkbox"/>	SC <input type="checkbox"/> ST <input type="checkbox"/> **OBC <input type="checkbox"/> MBC/DNC <input type="checkbox"/> BC <input type="checkbox"/> GENERAL <input type="checkbox"/>	Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Unemployed <input type="checkbox"/> Employed <input type="checkbox"/>	Below 3 Years <input type="checkbox"/> 3 to 6 Years <input type="checkbox"/> Above 6 Years <input type="checkbox"/>	GOVT. SECTOR <input type="checkbox"/> SEMI / QUASI GOVT <input type="checkbox"/> PRIVATE SECTOR <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/>	Ex-Serviceman <input type="checkbox"/> War-Widow <input type="checkbox"/> Handicapped <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Upto 50,000/- <input type="checkbox"/> 50,000 - 100000 <input type="checkbox"/> 100000 - 150000 <input type="checkbox"/> 150000 - 200000 <input type="checkbox"/> Above 200000 <input type="checkbox"/>
Christian <input type="checkbox"/>							
Muslim <input type="checkbox"/>							
Others <input type="checkbox"/>	**Only for the Candidate other than Tamil Nadu						

28. Check List for Enclosures ( Please shade the Appropriate Bubble ) Only for the Candidates other than Tamil Nadu	
1. Self attested Photograph affixed and signed. <input type="checkbox"/>	2. Experience Certificate wherever required in original <input type="checkbox"/>
3. Copy of category Certificates ( attested by a Gazatted Officer ) for SC/ST/BC/MBC Candidates <input type="checkbox"/>	4. Copies of certificates ( attested by a Gazatted officer ) , in support of Educational Qualification(s) <input type="checkbox"/>
5. Demand Draft for the Programme Fee for the First Year <input type="checkbox"/>	6. Proof of Date of Birth ( attested by a Gazatted Officer ) <input type="checkbox"/>

29. Declaration by the Applicant

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligible criteria and have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to claim refund of any fee paid by me to the University.

Signature of the Candidate With Date