



SCHOOL OF DISTANCE EDUCATION
BHARATHIAR UNIVERSITY
COIMBATORE - 641 046

APPLICATION FOR ADMISSION

Application No.

Enrolment No.
(For office use only)

(Application should be clearly filled-in with CAPITAL LETTERS by the candidate's own handwriting in English. Please tick() where ever necessary)

Batch : Academic / Calendar

Study Centre Code :

TN 0252

Name of the Study Centre : **Indian Accutouch Medical Institute (IAMI), Coimbatore**

Course Name	Major / Branch
DIPLOMA	ACUPUNCTURE SCIENCE

First Year	
Second Year	
Third Year	

Direct	
Lateral Entry	
Re-admission	

(Not Applicable for First Year)

Name of the Candidate : _____
As per the SSLC / HSC Record _____

Date of Birth

Date of Birth

Name of the Father / Mother / Guardian / Husband*:

Address _____

Affix recent passport
size photo
here

NO ATTESTATION

Do Not Staple

_____ Pin _____

District : _____ State _____

Mobile : _____ Phone _____

Email ID : _____

Applicant's Specimen Signature
(Inside BOX)

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Part - I Language	Tamil	Telugu	Kannada	Malayalam	Hindi	Urdu	Arabic	French
Concession claimed in Tuition Fee if Applicable	Graduates of Bharathiar University <input type="checkbox"/>					Physically Challenged <input type="checkbox"/>	Women <input type="checkbox"/>	
	Teacher <input type="checkbox"/>		Police - Defence <input type="checkbox"/>		(25%)			
	Media - Press <input type="checkbox"/>		Ex-servicemen <input type="checkbox"/>					
				(10%)				

Fee Payment Particulars

Mode	Number	Date	Amount	Bank & Branch	For office use only

Nationality _____ Religion : _____

Community

SC	SC(A)	ST	MBC	DNC	BC	BC(M)	OBC	General
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Are you already registered with (Regular/SDE) Bharathiar University? Yes No

If yes, Name of the course _____ Register No.: _____

Elective /optional papers opted (Refer the course contents in the prospectus for elective / optional papers)

1. _____ 2. _____

Qualifying examination passed (10+2+3/11+1+3/10+3+2/ others specify _____)

Sl. No.	Examination Passed	Course Name	Subject / Major	Board / University	Register No.	Year of passing	% of Marks
1.	SSLC	*****	*****				
2.	H.Sc./ PUC / Pre-Degree	*****					
3.	Diploma						
4.	UG						
5.	PG / PG Diploma						

I, _____ hereby declare that the particulars given above are correct. I abide by the rules and regulations of the Bharathiar University. If any particulars given are found to be incorrect at any point of time, I will abide by the decisions of the University.

Note: Admission to the course is purely provisional and the University reserves the right to withdraw the course at any time due to administrative reasons.

Place: _____

Date: _____

Signature of the Applicant

For Office use only

Educationally qualified	Yes	No	Concession Applicable Yes / No
Required certificates attached	Yes	No	Total Amount Paid Rs. _____
Original certificates verified	Yes	No	Balance Amount Paid Rs. _____
Admitted: <input type="checkbox"/> Yes on _____	<input type="checkbox"/> No		Reason _____
ASO	SO	AR	DR
			DIRECTOR