

Campus Office : PERI Knowledge Park, Mannivakkam, Chennai - 600 048.

Ph: +91 91505 94111 / 91505 94222, [www.peri.education](http://www.peri.education)

## APPLICATION FOR ADMISSION

Application No :

ACADEMIC YEAR

☐ First Year ☐ Lateral Entry ☐ Transfer ☐ Management Quota ☐ Government Quota

Please affix a  
passport size  
photograph

## ENGINEERING

Branch applying for

### B.E Courses

- ☐ CIVIL
- ☐ COMPUTER SCIENCE
- ☐ ELECTRICAL & ELECTRONICS
- ☐ ELECTRONICS & COMMUNICATION
- ☐ MECHANICAL

### B.Tech Courses

- ☐ ARTIFICIAL INTELLIGENCE & DATA SCIENCE

- ☐ INFORMATION TECHNOLOGY
- ☐ COMPUTER SCIENCE & BUSINESS SYSTEMS
- ☐ AGRICULTURAL ENGINEERING

### M.E Courses

- ☐ APPLIED ELECTRONICS
- ☐ COMPUTER SCIENCE
- ☐ COMMUNICATION SYSTEMS
- ☐ POWER ELECTRONICS AND DRIVES

☐ SHIFT 1

## ARTS & SCIENCE

☐ SHIFT 2

### UG Courses

Branch applying for

- ☐ B.COM-GENERAL
- ☐ B.COM-ACCOUNTING & FINANCE
- ☐ B.COM-COMPUTER APPLICATION
- ☐ B.COM-CORPORATE SECRETARYSHIP
- ☐ B.SC-CHEMISTRY
- ☐ B.SC-COMPUTER SCIENCE
- ☐ B.SC-MICROBIOLOGY

- ☐ B.SC-PSYCHOLOGY
- ☐ B.C.A-COMPUTER APPLICATIONS
- ☐ B.A-CRIMINOLOGY & POLICE ADMINISTRATION
- ☐ B.B.A-BUSINESS ADMINISTRATION

### PG Courses

- ☐ M.COM-GENERAL
- ☐ M.SC-COMPUTER SCIENCE

## PHARMACY

Branch applying for

### Courses

- ☐ B.PHARM

## NURSING

Branch applying for

### Courses

- ☐ B.SC NURSING

## PHYSIOTHERAPY

Branch applying for

### Courses

- ☐ BPT BACHELOR OF PHYSIOTHERAPY

## CANDIDATE PARTICULARS

1.Name	:																									
(As in 12 <sup>th</sup> Mark sheet or Equivalent)		First Name								Middle Name								Last Name								
2.Father's Name	:																									
		Occupation																								
		Annual Income																								
		Landline												Mobile												
3.Mother's Name	:																									
		Occupation																								
		Annual Income																								
		Landline												Mobile												
4.Address for communication	:																									
		Pincode												Phone												
		Mobile					Email ID																			
5.Local Guardian's Name (if any)	:																									
6.Local Guardian's Address	:																									
		Pincode												Phone												
		Mobile					Email ID																			
7. Gender	:	<input type="checkbox"/> M <input type="checkbox"/> F																								
8. Aadhar Number	:	<div style="display: flex; justify-content: space-between;"> <span><input style="width: 100px; height: 20px; border: 1px solid #ccc;" type="text"/></span> <span><input style="width: 100px; height: 20px; border: 1px solid #ccc;" type="text"/></span> <span><input style="width: 100px; height: 20px; border: 1px solid #ccc;" type="text"/></span> </div>																								
9. Are You a Son / Daughter of Ex-Serviceman? If yes give Particulars	:	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div> <div style="border-bottom: 1px solid #ccc; height: 20px; width: 100%;"></div>																								
10. Date of Birth <small>(As in 12h Marksheet or Equivalent)</small>	:	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; width: 30px; height: 20px; text-align: center; font-size: x-small;">Day</div> <div style="border: 1px solid #ccc; width: 30px; height: 20px; text-align: center; font-size: x-small;">Month</div> <div style="border: 1px solid #ccc; width: 40px; height: 20px; text-align: center; font-size: x-small;">Year</div> </div> <div style="border-bottom: 1px solid #ccc; height: 20px; width: 100%;"></div>																								
Blood Group	:	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>																								
11.Distinction in :		SPORTS <input type="checkbox"/> NCC <input type="checkbox"/> NSS <input type="checkbox"/> Other Activities <input type="checkbox"/> _____																								
12.Nationality :		_____																								
13.Religion :		_____																								
14. Community	:	ST <input type="checkbox"/> SC <input type="checkbox"/> DNC <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/> ADC <input type="checkbox"/>																								
Name of Community		:	_____																							

15.Mother Tongue : \_\_\_\_\_

16.Are you a Foreign National : \_\_\_\_\_  
(Attach passport and Visa Details)

17. How do you know about the college : ☐ Advertisement ☐ Social Media ☐ Student ☐ Others (specify) \_\_\_\_\_

18. Are you differently abled? (Please specify) \_\_\_\_\_

## ACADEMIC INFORMATION : PLUS 2 EQUIVALENT / DEGREE / DIPLOMA

Board of Examination \_\_\_\_\_ Reg. No \_\_\_\_\_ Year of Passing \_\_\_\_\_ No. of Attempts \_\_\_\_\_

School / Institution \_\_\_\_\_

Medium of Instruction : ☐ Tamil ☐ English ☐ Other Language (Please specify) \_\_\_\_\_

(Please enter the following details below)

SUBJECT		MARKS OBTAINED		MAXIMUM MARKS	
Language (Specify)					
English					
Mathematics					
Physics					
Chemistry					
Computer Science					
Biology					
Zoology					
Botany					
Business Mathematics					
Economics / Accountancy / Commerce					
Electrical / Mechanical / Civil					
Others					
Total		Percentage		Cutoff Mark	

## OTHER INFORMATION

1.Extra-curricular Activities : \_\_\_\_\_

2.Hostel Accommodation Required : ☐ Yes ☐ No

3.Transport Required : ☐ Yes ☐ No

## DECLARATION BY THE CANDIDATE

I \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ hereby affirm that the particulars given in the application form are true, correct and complete. I further declare that should it be found otherwise, I will be liable to forfeit my seat and/or removal from the rolls of the institution at whatever stage I may be, besides making me liable for criminal prosecution. I am fully aware that, as per the direction of the Hon'ble Supreme Court of India and Tamilnadu Prohibition of Ragging Act 1997, ragging is an offence and is banned in all Institutions and anyone indulging in ragging is liable to be punished \_\_\_\_\_

Location:

Date:

Signature of the Applicant:

## DECLARATION BY THE PARENT / GUARDIAN

I \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_ hereby declare that all the information given herein is true and correct. I stand guarantee for the good conduct of my ward during the course of his/her study and stay in the hostel. I authorize the institution to initiate disciplinary action against my ward for violation of any of the stipulated rules and regulations. I also promise to compensate the damage that may have been caused by my ward due to his/her conduct.

Location:

Date:

Signature of the Parent:

**IMPORTANT: Attested copies of the following applicable certificates should be enclosed.**

1. Qualifying Examination - SSLC, HSC or Equivalent / Degree - Mark sheet - 5 copies

2. Passport Size Photograph - 6 copies

3. Transfer Certificate - 1 copy

4. First Graduate Certificate - 2 colour copies

5. Community Certificate - 5 copies

6. Physical Fitness Certificate - 2 copies

7. Migration Certificate (if applicable) - 5 copies

8. Eligibility certificate from the university (other state / foreign student) - 5 copies

**Note: All original certificates/ testimonials should be produced at the time of admission.**

For Office Use: ☐ Approved ☐ Not Approved

Signature of the Approving Authority

Signature of the Chief Operating Officer