OFF- CAMPUS

The Tamil Nadu Dr. J Jayalalithaa Music and Fine

Arts University

Dr.DGS Dhinakaran Salai

Chennai - 600028.

Application Number:

Sri Annai Kamakshi Kalaikudam

#979, Lakshmana Samy Salai, K.K.Nagar, Chennai - 78

Ph: 044-24740428 ,www.sakkk.in

Affix passport size photograph

Application to the Admission of Degree/Certificate course offered in the College Department under Choice Based Credit System for the academic year 2024-202 5

1. Programme to which admission is sought (tick whichever is applicable) For course details refer Prospectus	Certificate	Diploma	Advance Diploma	Grade Exams (12345678)
2. Department to which applied:	Branch/Subject:			
3. Name of the Applicant: (in English - BLOCK LETTERS)				
In Tamil				
4. (a) Permanent Address	(b) Address for Communication			
Pin Code:	Pin Code:			
Telephone (Landline)No:	Telephone (Landline)No:			
Mobile No:	Mobile No:			
Email Id:	Email Id:			
5. Date of Birth				
6. Name of Father:				

7. Name of Mother:			
8. Name of Spouse:			
9. Sex	Male	Female	Transgender
10. Religion			

11. Native State				
12. Nationality		Foreign Nationals		(Specify)
13. Name of the Community	SC	SCA	ST	MBC
	BC	BC (Muslim)	OC	
14. Differently abled person:	Blind	Orthopedically Challenged	Hearing Impaired	Others Please specify
15. Wards of Ex-Servicemen/Tamil Students of Andaman and Nicobar Islands (Y/N)				
16. Number of years studied in School				

Course	% of Marks	Year of Passing	School/Institution
SSLC (10th)			
HSC(+2)			
Others			

17. Enclosures (Self Attested copies) Please put a tick ✍ mark in the box	
SSLC Mark sheet	

HSC Mark sheet	
Conduct Certificate	
Statement of Marks	
Consolidated Statement of Marks	
Community Certificate in case of BC/MBC & DNC/SC/ST	
Any Other Certificate	

18. Fee Details and Payment Schedule	
AnnualCourse Fees	
Signature of College Administration	*Signature of Applicant*
DD/Cheques should be drawn in favour of “Sri Annai Kamakshi Educational Trust” payable atChennai	

DECLARATION BY THE APPLICANT

I herebydeclare that theparticulars furnished above are correct. Iagree that the authorities may in validate my application, at any time, if any of the information furnished is found to be false. I am aware that my eligibility for admission to aprogramme will be decided by the concerned admitting authority.

Place:

Date: *Signature of the Applicant*