

TAMILNADU COUNCIL School of Virtual Education (An ISO 9001: 2015 Certified Council)

Approved by International Council for Open & Distance Education, Oslo, Norway

ADMISSION CUM EXAMINATION FORM Examination Session: Roll No :	Paste Your Recent Color Photo with Self – Attestation. Don't Pin or Stapled
1. Name of the course :	
2. Student Name (in Block Letter) :	
3. Father's Name:	
4. Address for Communication (in Block Letters):	
Pin Code Phone No:	
Email ID:	
5. (a) Date of Birth: (b) Age: (c) Sex: M	M F
(d) Nationality : (e) Mother Tongue :	
6. Previous Academic Qualification:	
S.No Examination Board / Reg.No Marks Passed University Year of Passing Obtained	% of Marks Medium
7. Mention the Subjects Appearing :	
1	
4 5 6	

8. Employment Record
(a) Designation:
(a) Designation:
(b) Company Name & Address with Phone No :
(c) Period of Employment :
9. I declare that the particulars given above are correct and that I will, if admitted, abide
by the rules & regulations of Tamilnadu Council – Virtual Education.
10. I am aware of the fact that the course I desire to join is NOT recognized by UGC and
duly Accredited by International Council for Open and Distance Education, Norway
Place:
Date:
Signature of the Student Enclosure
(a) Xerox copy of (i) Date of Birth (ii) Educational Qualification(b) Demand Draft. (c) Address Proof & Identity Proof
(b) Demand Draft. (c) Address 11001 & Identity 11001
OFFICE USE ONLY
Centre Name & Code:
Centre Name & Code : Date :
Date:
Date:
Date:
Date:
Date: