



# DHANALAKSHMI SRINIVASAN GROUP OF INSTITUTIONS

PERAMBALUR

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Medical | Engineering | Agri | Pharmacy | Nursing | Arts & Science | Allied Health Sciences | Polytechnic | Education

## POSTAL APPLICATION FORM FOR ADMISSION – 2023 / 2024

Application No: \_\_\_\_\_ (For office Use)

Date: \_\_\_\_\_

Name (in Block Letters) : \_\_\_\_\_

Aadhar Number (16 digits) : \_\_\_\_\_

Address for Communication : \_\_\_\_\_  
\_\_\_\_\_

Gender :  Male /  Female

Date of Birth / Age : \_\_\_\_\_

Community : OC / BC / BCM / MBC / DNC / SC / ST

Religion : \_\_\_\_\_

Father Name : \_\_\_\_\_

Father Occupation : \_\_\_\_\_

Father Contact Number : \_\_\_\_\_

Mother Name : \_\_\_\_\_

Mother Occupation : \_\_\_\_\_

Mother Contact Number : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

Institution last studied : \_\_\_\_\_

HSC Group : \_\_\_\_\_

Diploma Course (If Applicable) : \_\_\_\_\_

(Passport size  
colour  
photograph)

UG Degree (If Applicable) : \_\_\_\_\_

PG Degree (If Applicable) : \_\_\_\_\_

Course Preferred : \_\_\_\_\_

Hostel Accommodation :  Yes /  No

Transportation :  Yes /  No

**Mark Statement:**

Board	Max. Marks	Marks Obtained	% of Marks	Year of Passing
SSLC				
HSC				
Degree	Programme		% of Marks	Year of Passing
Diploma				
UG Degree				
PG Degree				

**Declaration**

I, ..... do hereby declare that the particulars furnished above are true to the best of my knowledge. I also declare that I will abide by the rules and regulations which are in force and which will be framed from time to time by the college administration.

**Note: The fee paid at the time of admission process shall not be refunded incase of admission cancellation.**

.....  
(Signature of the Parent / Guardian)

.....  
(Signature of the Applicant)