



26th CONVOCATION ACCEPTANCE FORM

Register Number :

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Name of the Graduand :

Date of Birth :

Gender : Male / Female

Mode of Receiving : In-Person In-Absentia
(Put a ✓ mark)

Degree :

Branch :

Rank :

Specialization :
(Except UG)

Batch :

Month & Year of Passing :

Contact Address :

Mobile Number :

Email id :

Signature of the Graduand :

**Note : Kindly send this form to your Department Exam Representative
Periyar Maniammai Institute of Science and Technology, Vallam, Thanjavur – 613 403
on or before 29.09.2018**