

(A Central University)

DIRECTORATE OF DISTANCE EDUCATION

FORM OF APPLICATION FOR ADMISSION

Admitted Yes No..... (For Office use) Enrolment Number

[illegible]

Signature of the Admission Officer

Original Certificates verified by

Passport size
Photograph
(To be attested by
Gazetted Officer)

1. Name of the applicant
(in BLOCK LETTERS)
(As per Academic Records)

[illegible]

2. Address to which communication is to be sent: (in BLOCK LETTERS)

line 1

[illegible]

line 2

[illegible]

line 3

[illegible]

line 4

[illegible]

Pin code

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Phone/Mobile:

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STD Code	STD Name	STD Description	STD Category	STD Status
1	STD 1	STD 1 Description	STD 1 Category	STD 1 Status
2	STD 2	STD 2 Description	STD 2 Category	STD 2 Status
3	STD 3	STD 3 Description	STD 3 Category	STD 3 Status
4	STD 4	STD 4 Description	STD 4 Category	STD 4 Status
5	STD 5	STD 5 Description	STD 5 Category	STD 5 Status
6	STD 6	STD 6 Description	STD 6 Category	STD 6 Status
7	STD 7	STD 7 Description	STD 7 Category	STD 7 Status
8	STD 8	STD 8 Description	STD 8 Category	STD 8 Status
9	STD 9	STD 9 Description	STD 9 Category	STD 9 Status
10	STD 10	STD 10 Description	STD 10 Category	STD 10 Status
11	STD 11	STD 11 Description	STD 11 Category	STD 11 Status
12	STD 12	STD 12 Description	STD 12 Category	STD 12 Status
13	STD 13	STD 13 Description	STD 13 Category	STD 13 Status
14	STD 14	STD 14 Description	STD 14 Category	STD 14 Status
15	STD 15	STD 15 Description	STD 15 Category	STD 15 Status
16	STD 16	STD 16 Description	STD 16 Category	STD 16 Status
17	STD 17	STD 17 Description	STD 17 Category	STD 17 Status
18	STD 18	STD 18 Description	STD 18 Category	STD 18 Status
19	STD 19	STD 19 Description	STD 19 Category	STD 19 Status
20	STD 20	STD 20 Description	STD 20 Category	STD 20 Status
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23	STD 23	STD 23 Description	STD 23 Category	STD 23 Status
24	STD 24	STD 24 Description	STD 24 Category	STD 24 Status
25	STD 25	STD 25 Description	STD 25 Category	STD 25 Status
26	STD 26	STD 26 Description	STD 26 Category	STD 26 Status
27	STD 27	STD 27 Description	STD 27 Category	STD 27 Status
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34	STD 34	STD 34 Description	STD 34 Category	STD 34 Status
35	STD 35	STD 35 Description	STD 35 Category	STD 35 Status
36	STD 36	STD 36 Description	STD 36 Category	STD 36 Status
37	STD 37	STD 37 Description	STD 37 Category	STD 37 Status
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39	STD 39	STD 39 Description	STD 39 Category	STD 39 Status
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41	STD 41	STD 41 Description	STD 41 Category	STD 41 Status
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46	STD 46	STD 46 Description	STD 46 Category	STD 46 Status
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49	STD 49	STD 49 Description	STD 49 Category	STD 49 Status
50	STD 50	STD 50 Description	STD 50 Category	STD 50 Status
51	STD 51	STD 51 Description	STD 51 Category	STD 51 Status
52	STD 52	STD 52 Description	STD 52 Category	STD 52 Status
53	STD 53	STD 53 Description	STD 53 Category	STD 53 Status
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65	STD 65	STD 65 Description	STD 65 Category	STD 65 Status
66	STD 66	STD 66 Description	STD 66 Category	STD 66 Status
67	STD 67	STD 67 Description	STD 67 Category	STD 67 Status
68	STD 68	STD 68 Description	STD 68 Category	STD 68 Status
69	STD 69	STD 69 Description	STD 69 Category	STD 69 Status
70	STD 70	STD 70 Description	STD 70 Category	STD 70 Status
71	STD 71</			

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3. Student's E-mail ID : _____

4. Date of Birth:Day: Month: Year: 5.Sex:M-Male/F-Female:

6. Place of Birth:	R-Rural / U-Urban	7. Social Status :			(SC-01, ST-02, OBC-03, OC-04)
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8. Name of the course applied	Code
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If MBA(General) please (✓) indicate stream

A	B	C
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9. PCP Centre chosen	Code
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PONDICHERRY UNIVERSITY
(A Central University)
DIRECTORATE OF DISTANCE EDUCATION
IDENTITY CARD

Affix
stamp size
photo only

Name:

Course:

Signature of the Candidate

Address:

Enrol No.

[illegible]

DIRECTOR

10. Fee Concession Category:

(Non-teaching employees-01, Defence personnel-02, Physically Challenged-03, Widows-04, Deserted Women-05, Prisoners-06, Trans-genders -07)

11. Fee Particulars Bank DD/Chalan No.

(for mode of payment of fee, pl. refer information brochure) Date Amount (Rs.)

12. If employed, indicate designation along with the office address :

13. Details of Educational Qualification

(Please provide full details of your educational qualifications)

Examination passed	Name of the Course	Name of the Institution / College / University	Year of Passing	Subjects	Class/Grade / Percentage
HSc/Equivalent					
Degree					
Post Graduation					
Others(Specify)					

Declaration

I declare that all the information furnished in this application form is correct and complete. I acknowledge that the Pondicherry University reserves the right to reverse at a later date any decision regarding admission made on the basis of incorrect or incomplete information provided by me.

I declare further that I had read & understood all contents of this application form & Information Brochure and that I am bound by all their contents for all purposes.

Date:

Signature of the Candidate