

**MBA-General,
Integrated, Executive
MCA, MSC(IT)**

UNIVERSITY OF MADRAS

INSTITUTE OF DISTANCE EDUCATION

சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION

M.B.A. General, Integrated, Executive M.B.A., M.C.A., M.Sc. (I.T.)**ENROLMENT NUMBER** (to be assigned by the IDE office / Co-ordinator, Spot Admission Centre)

ACADEMIC YEAR 2014-2015

A	1	4												
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CALENDAR YEAR 2015

C	1	5												
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Registration Fee : M.B.A. - Executive Course : Rs.1,000/- For all other Courses : Rs.400/-

(Payment should be made either by designated Bank Challan / Demand Draft)

CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS

Candidate to tick (✓) any one of the appropriate boxes
for Tuition Fee Concession - (Refer to Page No. 18)Differently Abled Prison

Name of the Course applied for		Main Subject	
PERSONAL CONTACT PROGRAMME CENTRE		STUDY CENTRE / SPOT ADMISSION CENTRE AT WHICH ADMISSION IS MADE	
PCP Centre Code	Place	Centre Code	Place

ADDRESS FOR COMMUNICATION (WRITE IN CAPITAL LETTERS)

NAME : _____
 S/o, D/o, W/o, C/o. : _____
 Door No. & Street : _____
 Town / Village Post : _____
 District : _____
 State : _____ INDIA
 Pin code : _____
 Phone (Res) : _____ Off. _____
 Registered Mobile No.(RMN) : _____ E-Mail _____

Recent Passport
Photograph signed by a
Gazetted Officer /
PRO/AR (IDE) /
Faculty with Seal

1. NAME OF THE APPLICANT (as given in the certificate in CAPITAL LETTERS)	(a) in English			
	(b) in the Regional Language			
2. Name of Father / Mother / Guardian / Husband				
3. (a) Date of Birth	(b) Age	(c) Sex (Tick) Male <input type="checkbox"/> / Female <input type="checkbox"/>	4. Nationality	5. Religion
6. a) Community (Tick ✓) OC <input type="checkbox"/> / BC <input type="checkbox"/> / MBC <input type="checkbox"/> / SC <input type="checkbox"/> / ST <input type="checkbox"/>	b) Caste		7. Mother Tongue	
8. Physically Challenged (Tick ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Present Occupation			

10. Are you undergoing any other course in a College or University ? If so, Specify	
11. The wards of Defence Personnel / Ex-Servicemen should specify as :	(a) Ward of Defence Service Personnel (b) Ward of Ex-Servicemen : Navy / Army / Air force.
12. Chosen by the Candidate will be final and will not be permitted to change subsequently	a) Project Work <input type="checkbox"/> b) Two Optional Subjects <input type="checkbox"/>

13. DETAILS OF EXAMINATION PASSED

Examinations passed with Subjects	Name of the		Month & Year of Passing	Registration Number	Class with Grade/Marks	Maximum Marks
	School / College	Board / University				
S.S.L.C. / 10th Std. Strikeout whichever is not applicable (State whether it is 10 Years or 11 Years Course)						
P.U.C. / Higher Secondary Strikeout whichever is not applicable (State Whether it is One Year or Two Years Course)						
BA/BSC/BCom Degree With main Subject Strikeout whichever is not applicable (State Whether it is Two Years or Three Years Course)						

(The above statement must be attested by the same Gazetted Officer/Assistant Registrar/
Public Relation Officer (IDE) / Faculty who attested the Photograph)

14. Enclosures

- (1) (3) (5)
(2) (4) (6)

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the University that are in force from time to time.

Station :

Date :

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

The Admission particulars furnished in the column No. 13 have been duly verified with Originals and the Candidate is eligible for admission

VERIFYING STAFF

1. Admission / Cancellation Intimation sent on

2. Certificates returned to the Candidate on

- (1) Statement of Marks (2) S.S.L.C Book (3) Conduct Certificate
(4) Birth Certificate (5) Transfer Certificate (6)

ASST. /ASST. SECTION OFFICER

SECTION OFFICER

ASSISTANT REGISTRAR

STUDY CENTRE / SPOT ADMISSION CENTRE / PARTICIPATORY INSTITUTIONS / TWINNING PROGRAMME CENTRE / OFFICE

Signature of the Centre Co-ordinator with Seal

DIRECTOR

Received the Provisional admission intimation and all the originals submitted by me

SIGNATURE OF THE APPLICANT

WITH DATE

UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION
COMPUTER CODING SHEET

1. Course to which admission is sought (Tick (✓) Appropriate Box) M.B.A. General <input type="checkbox"/> M.B.A. Integrated <input type="checkbox"/> M.B.A. Executive <input type="checkbox"/> M.C.A. <input type="checkbox"/> M.Sc. (I.T.) <input type="checkbox"/>																																																											
2. Main Subject chosen <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																																																											
3. ENROLMENT NUMBER (to be assigned by the office) ACADEMIC YEAR 2014-2015 A 1 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																											
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5. Name of Father / Guardian / Husband (Write in Capital Letters) – as per entry in the Transfer Certificate <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																																																											
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7. Date of Birth Date <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table> Month <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table> Year <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table>																		8. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>																																									
9. Address for communication (do not write your name here) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																																																											
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Phone :			Registered Mobile No. (RMN) :					E-Mail :																																																			

10. Selection of Project Work or Two Optional Subjects	a) Project Work <input type="checkbox"/>	b) Two Optional Subjects <input type="checkbox"/>
11. For Optional Subjects, choose any two Papers from any one of the Groups for MBA		
GROUP - A	1. 2.	
GROUP - B	1. 2.	
GROUP - C	1. 2.	
GROUP - D	1. 2.	
GROUP - E	1. 2.	
GROUP - F	1. 2.	
GROUP - G	1. 2.	
12. Nationality	Indian <input type="checkbox"/>	Others <input type="checkbox"/>
13. Region	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>
14. Religion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15. Caste	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
16. Community	SC <input type="checkbox"/> ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>	
17. Physically challenged YES <input type="checkbox"/> NO <input type="checkbox"/>	18. Are you employed ? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19. Centre at which you propose to attend the Personal Contact Programme classes	Name	
	Code No.	<input type="text"/> <input type="text"/> <input type="text"/>
20. Centre at which you propose to collect the study materials (Refer Page No. 60 to 69)	Name	
	Code No.	<input type="text"/> <input type="text"/> <input type="text"/>
21. Are you a ward of a Defence Service Personnel ? (Army / Navy / Air Force)	Yes <input type="checkbox"/>	Category
	No <input type="checkbox"/>	
22. Are you a ward of an Ex-service person ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Tuition Fee Concession Opted ? (Candidate to tick (✓) any one of the appropriate boxes - Refer Page No. 18) Candidates can avail any one of the concession	Differently Abled <input type="checkbox"/> Prison <input type="checkbox"/>	
<p style="text-align: center;">Admission of Candidates from Other States</p> <ul style="list-style-type: none"> Candidates from other states should submit their applications at any one of the Study Centres of the Institute of Distance Education (IDE), University of Madras listed in the Prospectus, of the State concerned for admission to various courses offered by IDE. Applications received by post from the candidates of other States will automatically be linked to the IDE Study Centre of the State concerned. Applications received by post from the candidates of other States where there is no Study Centre of this Institute (IDE), will be linked to the nearby IDE Study Centre of the other State and candidates should undergo the courses offered by this Institute through such allotted IDE Study Centre only. 		<p>Affix Passport Size Photo</p> <p><i>Not to be attested</i></p>
Station :		
Date :		Signature of the Candidate

ADDRESS SLIP

**M.B.A., General, Integrated, Executive
M.C.A., M.Sc.(I.T.) COURSES
Academic Year 2014 - 2015**

**Affix
Passport Size
Photo**

Not to be attested

A	1	4										
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Calendar Year 2015

C	1	5										
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To be filled in by the applicant (6 copies of his/her address) and returned with the completed application form

Please note that the admission intimation, original certificates and learning materials will be sent only to this address by Postal Service

USE BALL POINT PEN ONLY. WRITE IN CAPITAL LETTERS

<p>Name :</p> <p>.....</p> <p>Address :</p> <p>.....</p> <p>.....</p> <p>.Mob.No.....</p> <p>PIN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>							<p>Name :</p> <p>.....</p> <p>Address :</p> <p>.....</p> <p>.....</p> <p>.Mob.No.....</p> <p>PIN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>						
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TO BE FILLED- IN BY THE CANDIDATES SEEKING ADMISSION TO II/III YEAR OF UG COURSE

Name of the candidate :
 Name of the degree for which admission is sought : II/III YEAR OF..... (WITH SUBJECT).....
 Name of the College last studied :
 Name of the University last studied :
 Pattern of Education undergone by him/her : 10+2
 Pattern of System undergone by him/her : Semester / Non-Semester

DETAILS OF THE FIRST/SECOND YEAR EXAMINATION ALREADY APPEARED & PASSED only:

Name of the papers appeared & passed	Code of the subject	Reg. No.	Month & Year of Passing	Marks for each subject		Secured Marks	RESULT
				Maximum	Min.pass		Passed

The above statement must be attested by the Gazetted Officer/Assistant Registrar/Public Relation Officer(IDE)/Faculty

I hereby declare that all the particulars given above are correct and I agree to abide by all the rules and regulations of the University that are in force from time to time.

Station:

Date:

SIGNATURE OF THE APPLICANT

A.S.O.

S.O.

A.R.

FOR OFFICE USE ONLY

1. Provisional Admission may be given to Second/Third year
2. Exemption of the following papers may be given to the candidate in which already appeared and passed

Core Courses-Main subjects

First year :

Second year :

Third year :

3. The candidate has to appear for the following papers as prescribed in the prospectus for the year 20 - 20 as per the decision of Chairman BOS

Core Courses-Main subjects

First year :

Second year :

Third year :

4. Rs.500/- may be collected from the candidate towards the fee for Readmission.
5. Rs.750/- may be collected from the candidate towards the fee for Transfer from other University.
6. Rs.100/- may be collected from the candidate towards the fee for exemption
7. May be considered/May not be considered for classification
8. PCP schedule may be sent along with admission intimation
9. Remarks if any:

Asst/ASO (Admn)

Section Officer (Admn)

Assistant Registrar (UG/PG/LSS)

Thro Eligibility Section

..... may be approved

Asst/ASO(ES)

SO(ES)

Asst.Regr(Genl)

D.R.(Admn)

DIRECTOR

BANK COPY		
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN		
IDE FEE COLLECTION ACCOUNT NUMBER		
INDIAN BANK	783493481	
IOB	179101000001791	
Branch : Date :		
Student's Name		
Enrl. Number		
Mobile No.		
Course of Study		
Year	I / II / III	
Course Subject		
Fee Code	Particulars	Rs.
A	Registration Fee	
B	Tuition Fee	
C	Examination Fee	
D	Consolidated Mark Statement Fee	
	Duplicate Mark Statement Fee	
	Provisional Certificate Fee	
E	Convocation Fee	
	Migration Certificate Fee	
	Verification of Certificate Fee	
Other Fee (Please Specify)		
Total		
Amount in words (Rupees		
Nature of Payment (✓) Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/>		
D.D. No. Date		
Amount Rs. Bank		
Branch		
Tel. : Signature of the Candidate / Remitter		
For Bank Use Only		Rs.
Seal / Date	Authorised Signatory	
Note : Separate Challan should be used for each type of payment		

IDE COPY		
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN		
IDE FEE COLLECTION ACCOUNT NUMBER		
INDIAN BANK	783493481	
IOB	179101000001791	
Branch : Date :		
Student's Name		
Enrl. Number		
Mobile No.		
Course of Study		
Year	I / II / III	
Course Subject		
Fee Code	Particulars	Rs.
A	Registration Fee	
B	Tuition Fee	
C	Examination Fee	
D	Consolidated Mark Statement Fee	
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E	Convocation Fee	
	Migration Certificate Fee	
	Verification of Certificate Fee	
Other Fee (Please Specify)		
Total		
Amount in words (Rupees		
Nature of Payment (✓) Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/>		
D.D. No. Date		
Amount Rs. Bank		
Branch		
Tel. : Signature of the Candidate / Remitter		
For Bank Use Only		Rs.
Seal / Date	Authorised Signatory	
Note : Separate Challan should be used for each type of payment		

STUDENT COPY		
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN		
IDE FEE COLLECTION ACCOUNT NUMBER		
INDIAN BANK	783493481	
IOB	179101000001791	
Branch : Date :		
Student's Name		
Enrl. Number		
Mobile No.		
Course of Study		
Year	I / II / III	
Course Subject		
Fee Code	Particulars	Rs.
A	Registration Fee	
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Other Fee (Please Specify)		
Total		
Amount in words (Rupees		
Nature of Payment (✓) Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/>		
D.D. No. Date		
Amount Rs. Bank		
Branch		
Tel. : Signature of the Candidate / Remitter		
For Bank Use Only		Rs.
Seal / Date	Authorised Signatory	
Note : Separate Challan should be used for each type of payment		

NOTE

Students are Informed to pay fee through anyone of the following designated banks using this challan without any additional charges.

(1) Indian Bank

(through any core banking branches)

(2) IOB

(through any core banking branches)

மாணவர்கள் கீழ்க்காணும் ஏதேனும் ஒரு வங்கி மூலம் கூடுதல் கட்டணமின்றி உரிய கட்டணத்தைச் செலுத்துவதற்கு இந்தச் சலாணைப் பயன்படுத்தலாம்

(1) இந்தியன் வங்கி

(கணினி இணைப்பு வசதி கொண்ட வங்கிக் கிளைகள் மூலம்)

(2) இந்தியன் ஓவர்சீஸ் வங்கி

(கணினி இணைப்பு வசதி கொண்ட வங்கிக் கிளைகள் மூலம்)

Remittance by Demand Draft may be mailed, delivered to IDE, University of Madras.

கேட்டபு வரைவோலை மூலம் கட்டணம் செலுத்துவோர் நேரடியாக / தபால் மூலம் சென்னைப் பல்கலைக்கழகத் தொலைதூரக் கல்வி நிறுவனத்தில் சேர்த்திடவும்

Students are informed to keep this portion of the challan safely till the completion of the course of study.

மாணவர்கள், சலாணின் இப்பகுதியை படிப்பு முடியும் வரை பத்திரமாக வைத்திருக்கவும்.

Students are informed to send or handover this portion of the challan to

The Director
Institute of Distance Education
University of Madras, Chepauk,
Chennai - 600 005.

மாணவர்கள், சலாணின் இப்பகுதியை

இயக்குநர்
தொலைதூரக் கல்வி நிறுவனம்
சென்னைப் பல்கலைக்கழகம்
சேப்பாக்கம்,
சென்னை - 600 005.

என்ற முகவரிக்கு அனுப்பி வைக்கவும்
அல்லது நேரடியாகச் சமர்ப்பிக்கவும்.

Particulars	Rs.
1000 X	
500 X	
100 X	
50 X	
20 X	
10 X	
5 X	
Total	