

## DIRECTORATE OF DISTANCE EDUCATION

L.N. Mithila University, Kameshwaranagar, Darbhanga-846008 (BIHAR)

Phone & Fax: 06272-246506, Website: ddelnmu.ac.in, E-mail: director@ddelnmu.ac.in

## **ADMISSION FORM**

## For January Session Only MA. Edu. Programmes

1. Name of the Programme:	Programme Code:	
	Enrolment No. (For Office Use)	
2. Name: (IN CAPITAL LETTERS):·····		
3. Name: (In Hindi):		
4. Father's Name (IN CAPITAL LETTERS):		Affix a recent Passport size
5. Mother's Name (IN CAPITAL LETTERS):·····		Colour
6. Date of Birth:		photograph only
7. Sex Male (PLEASE √ANY O	<u>NE</u> )	
8. Category General SC ST	BC EBC WBC	*PC
9. Marital Status Married Unmarried	* Physicall	y Challenged
10. Territory Urban Rural	Tribal	
11. Employment Status Employed	Un-employed	
12. Religion: Hindu Muslim	Christian Other	
13. Nationality Indian Other		
14. For Examination Purpose:-		
Name of the Board/University Examination	Year of Full Ma Passing Marks Obta	rks % of Div./ ained Marks Class
Matric (10 <sup>th</sup> )	I dooming that the	
Inter (10+2)		
Graduation		
Others		
15. Institution where studied last with Board/University		
16. Address:  (i) Permanent Address (IN CAPITAL LETTERS)	:	
(ii) Present Address (IN CAPITAL LETTERS):		
17. Mobile Number/Telephone Number: +91		
18. Draft/Challan No.		Dated:
19 Issuing Bank	Branch	

## **DECLARATION**

I hereby declare that the above particulars are correct to the best of my knowledge and belief and I fully understand that my admission will stand cancelled in case if any of the information given above by me is found to be incorrect or false.

I further declare that I shall abide by all the rules and regulations of the Directorate of Distance Education and also I am not pursuing other programme through distance mode anywhere.

Place:			
Date:	Signature of Father/Guardia	in Signature	of the Candidate
	(TO BE FILLED IN BY	THE OFFICE)	
Verified the state	ement, certificates, enclosed with ap		orrect. All essential
	herewith, Admission may be accept		
	initial, radialesian may as accept		
<u>Assistant</u>		Ad	mission Incharge
Received Rs	through Bank Challan no	dated	of (Bank
name)		Receipt no. of cash b	oook
Assistant A/c			Accountant
Admit in Programme		session	./Not admitted due to
Enrolment No.			
Admission clerk	Co-ordinator/Adm. In	n-charge	DIRECTOR

Note: The candidates are required to show the original certificate/documents essentially for verification at the time of admission.