



# DIRECTORATE OF DISTANCE EDUCATION

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

Phone & Fax : 06272-246506, Website : [ddelnu.ac.in](http://ddelnu.ac.in), E-mail : [director@ddelnu.ac.in](mailto:director@ddelnu.ac.in)

## ADMISSION FORM

Session: January/July.....

Master of Science

1. Name of the Programme:  Enroiment No. (For Office Use)

2. Name: (IN CAPITAL LETTERS):.....

3. Name: (In Hindi) :.....

4. Father's Name (IN CAPITAL LETTERS):.....

5. Mother's Name (IN CAPITAL LETTERS):.....

6. Date of Birth:

(PLEASE ✓ ANY ONE)

7. Sex Male  Female

8. Category General  SC  ST  BC  EBC  WBC  \*PC

9. Marital Status Married  Unmarried  \* Physically 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 Examination	Board/University	Year of Passing	Full Marks	Marks Obtained	% of Marks	Div./ Class
Matric (10 <sup>th</sup> )						
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. Adhar No.

19. Draft/Challan No..... Amount .....

20. Issuing Bank ..... Branch ..... Dated:.....

Affix a recent  
Passport size  
Colour  
photograph only

**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/Guardian**

**Signature of the Candidate**

**(TO BE FILLED IN BY THE OFFICE)**

Verified the statement, certificates, enclosed with application form are found correct. All essential documents are enclosed herewith, Admission may be accepted.

**Assistant**

**Admission Incharge**

Received Rs..... through Bank Challan no. ....dated..... of (Bank name)

..... Receipt no. of cash book

.....

**Assistant A/c**

**Accountant**

Admit in Programme ..... session ...../Not admitted due to the

reasons .....

**Enrolment No.**

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**Date of Admission**

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**Admission clerk**

**Co-ordinator/Adm. In-charge**

**DIRECTOR**

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