

## 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**

Session: January/July......
Master/Bachelor Programmes

	Master/Bache	lor Programmes		
1. Name of the Programme:		Programme Code:		
2. Subsidiary	1.	Enrolment No.		
(For BA/B.Com):	2.	(For Office Use) Name of the		
	2.	study centre		
3. Name: (IN CAPITAL LETT	`ERS):		[	
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	AL LETTERS):·····			Affix a recent Passport size
	AL LETTERS):·····			Colour photograph only
r	AL LETTERS):			photograph only
7. Date of Birth:	 LEASE √ANY ONE)			
8. Sex Male	Female			)
9. Category General	SC ST E	C EBC	WBC	*PC
10. Marital Status Married	d Unmarried	* Physi	ically Challenge	ed
11. Territory Urban	Rural	Tribal		
12. Employment Status	Employed	Un-employed		
13. Religion: Hindu	Muslim	Christian	Other	
4. Nationality Indian	Other			
15. For Examination Purpose:				2
Name of the Examination	Soard/University Pass		Marks Obtained	% of Div./ Marks Class
Matric (10 <sup>th</sup> )	1 655	ing water	Dutameu	Walks Class
Inter (10+2)				
Graduation				
Others				
16. Institution where studied la	ast with Board/University			
17. Address: (i) Permanent Addres	s (IN CAPITAL LETTERS):			
	(IN CAPITAL LETTERS):			
18. Mobile Number/Telephone	 e Number: +91		9. Adhar No.	
20. Draft/Challan No		Amount Branch		Dated:

## **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 DE EU LED IN DY	
	(TO BE FILLED IN BY	
Verified the	e statement, certificates, enclosed with a	oplication form are found correct. All essential
documents are encl	osed herewith, Admission may be accep	ted.
Assistant		Admission Incharge
Pagaiyad Pa	through Bank Challen no	of (Bank name)
	l	Receipt no. of cash book
Assistant A/c		<b>Accountant</b>
Admit in Programn	ne	session/Not admitted due to the
reasons		
Enrolment No.		
Emonnent No.		
Date of Admission	n	
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.