



UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION
POSTGRADUATE COURSES - 2017-2018/2018

APPLICATION NUMBER

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சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION

ENROLMENT NUMBER (to be assigned by the IDE office)

ACADEMIC YEAR 2017-2018

A	1	7																	
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CALENDAR YEAR 2018

C	1	8																	
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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. 21)	Differently Abled <input type="checkbox"/> Prison <input type="checkbox"/>
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Name of the Course applied for I / II	Main Subject	Medium (Tick ✓) TAMIL <input type="checkbox"/> ENGLISH <input type="checkbox"/>
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PERSONAL CONTACT PROGRAMME CENTRE				
Centre Code				Place

STUDY CENTRE / SPOT ADMISSION CENTRE AT WHICH ADMISSION IS MADE				
Centre Code				Place

ADDRESS FOR COMMUNICATION (WRITE IN CAPITAL LETTERS)

NAME : _____
Father's Name : _____
Door No. & Street : _____
Town / Village Post : _____
District : _____
State : _____ INDIA
Pin code : _____
Phone (Res) : _____ Off. _____
Registered Mobile No. : _____ 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 Tamil:	
2. Father's Name (a) Expansion of Initial		
3. (a) Date of Birth as per Christian era	(b) Age	(c) Gender Men <input type="checkbox"/> Women <input type="checkbox"/> Transgender <input type="checkbox"/>
		d) Aadhaar No :
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. Differently abled Candidates (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. 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)						
UG Degree Course 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)						

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. 12 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 original certificates submitted by me

**SIGNATURE OF THE APPLICANT
WITH DATE**

UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION
COMPUTER CODING SHEET
POSTGRADUATE COURSES 2017-2018 / 2018

1. Course to which admission is sought																									
M.A. <input type="checkbox"/>			M.Music <input type="checkbox"/>			M.Com. <input type="checkbox"/>			M.Sc. <input type="checkbox"/>																
2. Main Subject chosen																									
<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
3. ENROLMENT NUMBER (to be assigned by the office)																									
Academic Year 2017-2018		A	1	7																					
Calendar Year 2018		C	1	8																					
4. Name of the Candidate (Write in Capital Letters) (a) in English (b) in Tamil																									
(a)																									
<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
(b)																									
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5. Father's Name (Write in Capital Letters) – as per entry in the Transfer Certificate																									
<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
6. Mother's Name (Write in Capital Letters)																									
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7. Date of Birth						8. Gender			Men <input type="checkbox"/> Women <input type="checkbox"/> Transgender <input type="checkbox"/>																
Date		Month		Year																					
9. Address for communication (do not write your name here)																									
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Phone :				Mobile :				E-Mail :																	

10. Medium of instruction opted		English <input type="checkbox"/>	Tamil <input type="checkbox"/>																				
11. Nationality	Indian <input type="checkbox"/>	Others <input type="checkbox"/>	12. Region																				
			Urban <input type="checkbox"/>																				
			Rural <input type="checkbox"/>																				
13. Religion	<table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>			<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14. Caste	<table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>			<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"/>	<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"/>	<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. Community		SC <input type="checkbox"/>	ST <input type="checkbox"/>																				
		MBC <input type="checkbox"/>	BC <input type="checkbox"/>																				
		OC <input type="checkbox"/>																					
16. Differently abled Candidates		YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
17. Are you employed ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
18. Centre at which you propose to attend the Personal Contact Programme classes		Name																					
		Code No.	<input type="text"/>																				
19. Centre at which you propose to collect the study materials (Refer Page No. 46-48)		Name																					
		Code No.	<input type="text"/>																				
20. Are you a ward of a Defence Service Personnel ? (Army / Navy / Air Force)		Yes <input type="checkbox"/>	Category																				
		No <input type="checkbox"/>																					
21. Are you a ward of an Ex-service person ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
22. Tuition Fee Concession Opted ? (Candidate to tick (✓) any one of the appropriate boxes - Refer Page No. 21) Candidates can avail any one of the Concession		Differently Abled <input type="checkbox"/>	Prison <input type="checkbox"/>																				

<p>Affix Passport Size Photo</p> <p><i>Not to be attested</i></p>	
Station :	
Date :	Signature of the Candidate

ADDRESS SLIP
POSTGRADUATE COURSES

Academic Year 2017 - 2018

A	1	7										
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Calendar Year 2018

C	1	8										
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Affix
Passport Size
Photo

Not to be attested

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

Name:

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Address:

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Mob.No.....

PIN

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Name:

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Address:

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Mob.No.....

PIN

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Name:

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Address:

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Mob.No.....

PIN

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Name:

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Address:

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Mob.No.....

PIN

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Name:

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Address:

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Mob.No.....

PIN

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Name:

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Address:

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Mob.No.....

PIN

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