

**MBA
MCA****UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION**

சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION

MBA / MCA

APPLICATION COST : Rs.560/-

APPLICATION NUMBER

DOWNLOADED

ENROLMENT NUMBER (to be assigned by the IDE office)

ACADEMIC YEAR 2025-2026

A	2	5													
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CALENDAR YEAR 2026

C	2	6													
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Candidate to tick (✓) any one of the appropriate boxes
for Tuition Fee Concession (Certificate to be enclosed)Differently Abled ☐ Visually Challenged ☐ Prisoner ☐

Name of the Programme applied for

MCA ☐MBA ☐

MBA ELECTIVE chosen for IV Semester

☐ Human Resource☐ Finance☐ Hospital☐ Systems☐ Marketing☐ Logistics and Supply Chain☐ Business Data Analytics**CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS**

ADDRESS FOR COMMUNICATION

NAME : _____

Father's Name : _____

Door No. & Street : _____

Town / Village Post : _____

District : _____

State : _____ INDIA

Pin code : _____ Phone (Res.) : _____

Registered Mobile No.(RMN) : _____ e-mail : _____

Recent Passport
Photograph to be
affixed1. NAME OF THE APPLICANT (as given
in the certificate in CAPITAL LETTERS)

(a) in English :

(b) in Tamil:

2. Father's/Guardian Name - Expansion of Initial

3. (a) Date of Birth as per T.C.

(b) Age

(c)

Gender

(Tick ✓)

Male

Female

Transgender

d) Aadhaar No :

ABC ID :

DEB ID :

4. Nationality

INDIAN

5. Religion

6. a) Community (Tick ✓)

b) Caste

7. Mother Tongue

OC ☐ / BC ☐ / MBC ☐ / DNC ☐ / SC ☐ / ST ☐

8. Present Occupation

9. Selection of Project Work or Two Optional Subjects	<input type="checkbox"/> Project Work <input type="checkbox"/> Two Optional Papers
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. / 10 th Std.						
P.U.C. / Higher Secondary						
Diploma Course in _____						
Name of the Under Graduate passed _____						

13. Enclosures

- ☐ S.S.L.C Statement of Marks
 ☐ HSC (11th & 12th) Statement of Marks / Diploma Statement of Marks
☐ UG Statement of Marks & Provisional & Degree
 ☐ Transfer Certificate / Migration Certificate (Other State Students only)
☐ Course Completion Certificate (IDE Students only)
 ☐ Undertaking if any (Certificates due)
☐ DEB ID
 ☐ ABC ID
 ☐ Aadhar Copy

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 particulars furnished in the application have been duly verified with Originals and the Candidate is eligible for admission
- Admission / Cancellation Intimation given / sent on
- Submission of undertaking on is to be given.

ASST. /ASO

SECTION OFFICER

ASSISTANT REGISTRAR

DIRECTOR

Signature of the LSC Co-ordinator with Seal	Received the Provisional admission intimation and all the original certificates submitted by me
	SIGNATURE OF THE APPLICANT WITH DATE

Fees and Course Completion Details

- i. First Year Fees _____ Date _____
 ii. Second Year Fees _____ Date _____
 iii. CC Serial No. and Issued Date _____

UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION
COMPUTER CODING SHEET

1. Course to which admission is sought : **MCA** ☐ **MBA** ☐

2. ELECTIVE chosen for IV Semester : (Refer Next Page)

3. **ENROLLMENT NUMBER** (to be assigned by the office)

ACADEMIC YEAR 2025-2026

A

2

5

CALENDAR YEAR 2026

C

2

6

4. Name of the Candidate (Write in Capital Letters) (a) in English (b) in Tamil

(a)

(b)

Aadhaar No.

5. Father's/Guardian Name (Write in Capital Letters) – as per entry in the Transfer Certificate

6. Mother's Name (Write in Capital Letters)

7. Date of Birth

Date

Month

Year

8. Gender

Male ☐

Female ☐

Transgender ☐

9. Address for communication (do not write your name here)

City

Pincode

Mobile :

e-mail :

10. Selection of Project Work or Two Optional Papers			a) Project Work <input type="checkbox"/> b) Two Optional Papers <input type="checkbox"/>												
11. Nationality		INDIAN		12. Region		Urban <input type="checkbox"/> Rural <input type="checkbox"/>									
13. 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"/> <input type="checkbox"/> <input type="checkbox"/>													
14. 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"/> <input type="checkbox"/> <input type="checkbox"/>													
15. Community				SC <input type="checkbox"/> ST <input type="checkbox"/> MBC <input type="checkbox"/> DNC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>											
16. Differently abled / Visually Challenged / Prisoner Candidates If Yes, Choose Category for Fee Concession				Yes <input type="checkbox"/>		Category									
				No <input type="checkbox"/>		Differently Abled <input type="checkbox"/>									
						Prisoner <input type="checkbox"/>									
						Visually Challenged <input type="checkbox"/>									
17. Are you employed ?				YES <input type="checkbox"/> NO <input type="checkbox"/>											
18. Are you a ward of a Defence Service Personnel (Army / Navy / Air Force) / Ex-service person ?				Yes <input type="checkbox"/>		Category									
				No <input type="checkbox"/>											
19. ABC ID No.				<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"/>											
20. DEB ID No.				<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"/>											
<div style="text-align: center;">Affix Passport Size Photo <i>Not to be attested</i></div>															
Station :				Signature of the Candidate											
Date :															
MBA ELECTIVE chosen for IV Semester															
<input type="checkbox"/> Human Resource		<input type="checkbox"/> Finance		<input type="checkbox"/> Hospital											
<input type="checkbox"/> Systems		<input type="checkbox"/> Marketing													
<input type="checkbox"/> Logistics and Supply Chain		<input type="checkbox"/> Business Data Analytics													