



NORTH ORISSA UNIVERSITY

(DISTANCE EDUCATION)

APPLICATION FOR ADMISSION

(To be duly filled by the Applicant)

Carefully read the instructions printed in the prospectus before filling up the application form

(Use **BLOCK** letters)

- (a) Course Name to which Admission is sought.....
 (b) Specialization Stream (only for MBA students).....
 (c) Name of the Study centre with address.....

2. Name of the Applicant.....

3. Father's/Guardian's Name

4. Correspondence Address.....

Pin Code

5. Telephone No.(With STD Code) (Res/PP)/Mob No.....

6. E-mail Address.....

7. Resident of Rural / Urban Area (Please Specify).....

8. Date of Birth: Date Month Year

9. (a) Nationality..... (b) Religion..... (c) Mother Tongue.....

10. (a) Sex..... (b) Belong to SC / ST / OBC / General (Please mention)

11. (a) Educational Qualifications (Starting from Matriculation or equivalent)

Examination	Board/ University	% of Mark	Division	Year of Passing



NORTH ORISSA UNIVERSITY

(To be filled by the student)

IDENTITY CARD

Name _____

(Write your name in capital letter)

FOR OFFICE USE ONLY

Subject _____

Enrollment No _____ Session _____

Name of the Study Centre (with address) _____

Centre Director
(Signature & Seal)

Director, DDCE
North Orissa University

12. Employed: (yes/ no)

13. Details of Employment (if employed):

Designation	Organisation	Address of Organisation	Nature of work (be specific)	Period of work (in month)

14. Details of fees paid: Check for fees (Admission fee, Corpus fund, Examination fee) in favour of Comptroller of Finance, North ORISSA University.

Amount Rs..... (in words.....)

Demand Draft (DD) No..... date.....

Name of Issuing Bank.....

Branch.....

DECLARATION

I do hereby confirm that the information given above are correct to the best of my knowledge. No part of it is false and nothing has been concealed therein. I note that my admission to the course and my continuance on roll are subject to the provisions of the course. I shall abide by the rules and conduct myself properly during the course.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Sl.No..... Enrollment No..... Date.....

Admitted to Study Centre after verifying all the original documents starting from HSC onwards and fees paid for admission, corpus fund and examination.

**Countersigned by the Director
Study Centre**

**Approving Authority/
Director , Distance Education**

NORTH ORISSA UNIVERSITY

(To be filled by the student)

(Full Signature)

Address _____



NORTH ORISSA UNIVERSITY
SRIRAM CHANDRA VIHAR, TAKATPU, BARIPADA

APPLICATION FOR ENROLLMENT OF CANDIDATES

FOR THE EXAMINATION 20.....

SUBJECT.....

NAME OF EXAM.....

ENROLLMENT NO.....OF 20.....

(TO BE ASSIGNED BY OFFICE)

PARTICULARS

1. NAME (SURNAME FIRST)
 (IN BLOCK CAPITAL LETTERS)

2. Name of the
 a. Father.....
 b. Mother.....
 c. Guardian.....

3. a. Nationality..... b. Religion..... c. Mother
 Tongue.....

Yes	No
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d. Sex..... e. Marital Status..... d. Whether Employed

4. Date of Birth (in Christian Era) as per HSC certificate or equivalent

(in figure).....

(in ward).....

(a) Details of papers in which the candidate is to be examined (Name of the papers, special papers with group and also papers the candidate likes to repeat should be clearly mentioned)

Paper	Paper	Name of the Paper
I	VI	
II	VII	
III	VIII	
IV	IX	
V	X	

(b) Mention the special Paper in detail with Group

.....

5. Year and month of Examination for which the candidate was previously enrolled (failed or absent) to the Part-I/Part-II/Semester and whole of the Master's Degree Examination with Roll Number(s) assigned. (The candidate should strike out which is not applicable) Mention the repeat appearance Roll No. and Year, if any, for verification. Candidates appearing back papers should submit Xerox copies of mark-sheet and admit cards of previous examination.

Year and Month	Roll Number	Year of appearing	Pass/Fail/Absent
(a) Part I			
(b) Part II			
(c) Whole			
(d) Semester			

6. (a) Examination Fee :
 (b) Centre Charge :
 (c) Registration Fee :
 (d) Enrolment Fee :
 (e) Fee for Marks & Results :
 (f) Fee for supervision :
 (g) Late fee (as applicable) :
 (in figures) Total :
 (In words)

.....

Signature of Candidate in full

7. Address for correspondence.....
 Tel No..... E- mail ID.....

CERTIFICATE

8. (A) Certified that (1) the particulars given above by the candidates are correct. (2) that I have verified his/her certificate in original of the qualifying examination and (3) that his/her conduct has been good. (4) that he/she has studied diligently and nothing is known to me against his/her moral character (5) that the candidate has secured the percentage of attendance prescribed under Regulation, and (6) that the fees prescribed by the University have been paid by the candidate and deposited in the form of DD in the name of “**Comptroller of Finance**”, **NOU, payable at Baripada**.
 (B) Certified that the result of the candidate has neither been withheld nor has he/she been debarred from appearing the present examination for being reported to have infringed the rules of Examination discipline.

Date.....

Centre Director