

பல்கலைக்கழக தொலைதூர மற்றும் இணைய வழி கல்வி மையம்

UNIVERSITY DISTANCE AND ONLINE EDUCATION CENTRE

*OPEN SCHOOLING *ONLINE & DISTANCE (UG & PG) *ATTESTATION

Affix

Passport Size

Photograph

APPLICATION FORM

Please read the instructions before filling in your application form. Please write in BLOCK LETTERS.

1. Name (Reflect in Certificate)

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2. Date of Birth (DD/MM/YY)

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3. Gender

: Male / Female

4. Nationality / Religion

:

5. Father's / Husband's Name

:

6. Mother Name

:

7. Blood Group

:

8. Address

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9. Mobile

:

10. E-Mail

:

11. Courses

:

12. Duration

:

Please submit a Copy of any photo ID mark the same

Driving License

Passport Copy

Others

Please Specify:

Submitted Documents:

- 1.
- 2.
- 3.
- 4.

Terms & Condition:

- 1. These conditions govern your relationship with Academy which may come into force thought any registration.
- 2. For any cancellation after the registration with accreditation body, the registration fees/administration fees and any other charges applicable will be deducted.
- 3. Cancellation of the registration for the course could only be done before the official registration with the accreditation body; In that case a refund of 50% of the total fees will be refunded.
- 4. Academy has the right to cancel the course due to any unavoidable situation or any unforeseen circumstances however Academy Will re-schedule the course and will inform to all students in much advance as far as reasonability practicable.
- 5. 30% of the total fees have to be paid at the time for enrolment with Academy Otherwise Enrolment will not be done and also be allowed to sit in the class.
- 6. Academy will collect all personal information to data protection.
- 7. Academy is not liable for any incorrect entry by candidates in the “name in the certificate” column. Candidates will have to bear charges incurred for certificate name change due to incorrect entry in registration form.

Declaration

I declare that the information herein is true and correct to the best of my knowledge. I accept the terms and conditions with the application document and I understand that this application is subject to approval by Academy.

Signature:

Date:

Payment Mode (Please tick the appropriate box)

| | | | |
|-----------------|--------------------------|--------------|--------------------------|
| Cash | <input type="checkbox"/> | Demand Draft | <input type="checkbox"/> |
| Online Transfer | <input type="checkbox"/> | Cheque | <input type="checkbox"/> |

OFFICE USE ONLY:-

Payment Mode (Please tick the appropriate box)

Application No..... Reviewed by..... Date

Month of Joining.....

Accept ☐ Reject ☐