

Admission Form

Annexure - A



Directorate of Distance Education

Magadh University, Bodh-Gaya-824234 (BIHAR)

Phone : 0631-2200491 Fax : 2200491

Admission Form B.LIS.

Downloaded Admission Form

Fill the Admission form very carefully. Completed admission form in all respect with copies of certificates should be sent either directly to **Director, Directorate of Distance Education, Magadh University, Bodh Gaya - 824234, (Bihar)** or submit it to the specified study centres mentioned in Prospectus, so as to reach on or before the due date notified in the advertisement. Photocopy of the form is not accepted. Admission Forms sent to any other office of the University will not be entertained in any circumstances. Downloaded Admission form must be accompanied a DD of **Rs. 375/- for Gen. & other Categ. & Rs. 200 SC/ST Categ.** in favour of **Director, DDE, M.U. BodhGaya payable at Bodh-Gaya.** Admission form without requisite fee will not be entrained.

Paste your Passport size recent coloured Photograph
(4 cm. x 5 cm.)
dully attested by you

1. Enrolment No. :

(For Office Use only)
 2. Name of the Programme applied for :
 3. Name of the applicant in BLOCK LETTERS (as per Secondary School Examination certificate) in Roman Script:
 4. Name in Devanagari Script :
 5. Father's Name Mother's Name
 6. Permanent Address
..... PIN
 7. Address for Correspondence :
..... PIN

City	District	State
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
 8. Telephone No. (if any) with STD Code :
STD Code

 Tel. No./Mob.No.
 9. Fax No. (if any) with STD Code:

 Tele. No.
 10. E-mail address (if any):
 11. Session in which admission is sought :
 12. Date of Birth :

Date Month Year
 13. M.U. Reg. No.
- Tick (✓) the appropriate box only
14. Sex : Male Female
15. Nationality : Indian Other if other please specify :

Downloaded Admission Form

RECEIPT

Received Admission Form from Mr./Miss/Mrs.
for Bachelor of Library & Information Science for the session on
along with D.D. No. Dated Rs.

Signature of Receiving Officer

16. Category : General SC ST BC-I BC-II PH
17. Territory Code : Urban Rural Tribal
18. Marital Status : Married Unmarried
19. Defense Personnel Ex-Service man Widow Inservice
20. Employment status :
 Pub. Org. Private Org. State Govt. Central Govt.

(If employed, Name of the organisation with designation :

21. Choice of study centre for counselling session (*Decision of Directorate regarding allotment of study centre is final*)
 Study Centre's Code Study Centre's Name

22. Educational Qualification (Matriculation onwards)

Name of the Exam. Passed	Division/ Class	Percentage of Marks	Year of Passing	Name of the College / School	Board / University

23. Specify any other Qualification :

DECLARATION BY THE APPLICANT

I (Name) hereby declare that I have read and understood the conditions for the eligibility of the course/programme for which I seek admission. I declare that I fulfil the minimum eligibility criteria and have provided the required information in this regard in the admission form. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the University at any stage and I shall not be entitled for any refund of any fee paid by me to the University.

Date

Signature of the candidate

FOR OFFICE USE ONLY

Eligible : Programme

Enrolment No. Class Roll No. M. R. No.

Not Eligible : Rejected

Details of Admission Charges :

Demand Draft No.	Date	Amount	Name of the Bank

Signature of In-charge Admission

