



MATS UNIVERSITY

Aarang Kharora Highway, Araang, Raipur (C.G.) 493 441

OPEN & DISTANCE LEARNING PROGRAMME

13. Employment Status _____ Designation _____

Office Address _____

Phone No. _____

14. Fee Details : Please issue the DD in favor of **MATS University-Distance Education, Raipur (C.G.)**

Tick (✓) DD (or) Cash

(a) Amount _____ DD No. _____ Bank Name _____

Branch Name _____ Date of Issue _____

(b) Cash _____ (encl receipt copy)

Declaration by Applicant

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in the regard. In the event of any information being found incorrect and misleading my candidature shall be liable to cancellation by the university at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I carefully read the rules and regulation of the University.

Date _____

Signature of Applicant

CHECK LIST

- Attested copies of Marksheets of 10th & 12th
- Attested Photo copies of Degree of Graduate & Post Graduate
- Attested Photo copies of the Certificate (for SC/ST/OBC)
- Attached Demand Draft for the Course fees
- Migration Certificate from the University last attended

FOR OFFICE USE ONLY

Remarks

Seal

Date

Signature