

MATS UNIVERSITY

OPEN & DISTANCE LEARNING PROGRAMME

Aarang Kharora Highway, Aarang, Raipur (C.G.) 493 441 Ph:91-771-4078994,95,96,98 Fax:91-771-4078997 www.matsuniversity.ac.in e-mail:decadmissions@matsuniversity.ac.in

Admission Form

Application form for the session 20 20				
1. Course Name	Progra	mme Code		
2. Medium Hindi/English				
3. Name of the Candidate				Please affix your recent passport size
4. Date of Birth		photograph		
5. Father's/Husband Name				
6. Mother's Name				
7. Father's Occupation				
8. Category (✓): SC ☐ ST ☐ OBC ☐ General ☐ Religion ☐				Signature of Candidate
9. Nationality Marital Status				
10. Gender (✓): Male ☐ Female ☐				
11. Full correspondence Address				
City District				
State Pincode Phone No.			$\overline{\Box}$	
Mob. Email Address				
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12. ACADEMIC QUALIFICATIONS				
S.No Exam Boa	rd/University	Subject	Passing Year	Aggregate Percentage



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13. Employment Status		Designation		
Office Address				
Phone No				
14. Fee Details : Please issue the DD	in favor of MAT	TS University-Distance Education , Raipur (C.G.)		
Tick (✔)DD (or) Cash				
(a) Amount	DD No	Bank Name		
Branch Name		Date of Issue		
(b) Cash (encl				
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				
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	Remarks			
Seal	Date	Signature		