



UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION

சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION

MBA / MCA

APPLICATION COST : Rs.560/-

APPLICATION NUMBER

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ENROLMENT NUMBER (to be assigned by the IDE office)

ACADEMIC YEAR 2024-2025

A	2	4										
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CALENDAR YEAR 2025

C	2	5										
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Candidate to tick (✓) any one of the appropriate boxes for Tuition Fee Concession (Certificate to be enclosed)

Differently Abled ☐ Visually Challenged ☐ Prisoner ☐

Name of the Programme applied for

MCA ☐

MBA ☐

MBA ELECTIVE chosen for IV Semester

☐ Human Resource

☐ Systems

☐ Logistics and Supply Chain

☐ Finance

☐ Marketing

☐ Business Data Analytics

☐ Hospital

CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS

ADDRESS FOR COMMUNICATION

NAME : _____

Father's Name : _____

Door No. & Street : _____

Town / Village Post : _____

District : _____

State : _____ INDIA

Pin code : _____

Phone (Res) : _____ Off. _____

Registered Mobile No.(RMN) : _____ e-mail _____

Recent Passport
Photograph to be
affixed

1. NAME OF THE APPLICANT (as given in the certificate in CAPITAL LETTERS)

(a) in English :

(b) in Tamil:

2. Father's/Guardian Name - Expansion of Initial

3. (a) Date of Birth as per T.C.

(b) Age

(c) Gender
(Tick ✓)

Male ☐

Female ☐

Transgender ☐

d) Aadhaar No :

4. Nationality

INDIAN

5. Religion

6. a) Community (Tick ✓)

b) Caste

7. Mother Tongue

OC ☐ / BC ☐ / MBC ☐ / DNC ☐ / SC ☐ / ST ☐

8. Present Occupation

9. Selection of Project Work or Two Optional Subjects	<input type="checkbox"/> Project Work <input type="checkbox"/> Two Optional Papers
10. Are you undergoing any other course in a College or University ? If so, Specify	
11. The wards of Defence Personnel / Ex-Servicemen should specify as :	(a) Ward of Defence Service Personnel (b) Ward of Ex-Servicemen : Navy / Army / Air force

12. DETAILS OF EXAMINATION PASSED						
Examinations passed with Subjects	Name of the		Month & Year of Passing	Registration Number	Class with Grade / Marks	Maximum Marks
	School / College	Board / University				
S.S.L.C. / 10 th Std.						
P.U.C. / Higher Secondary						
Diploma Course in _____						
Name of the Under Graduate passed _____						

13. Do you have Academic Bank of Credit (ABC ID)? ☐ Yes ☐ No
If, yes, furnish the ABC ID No. _____

14. Enclosures

- ☐ S.S.L.C Statement of Marks ☐ HSC Statement of Marks / Diploma Statement of Marks
☐ UG Statement of Marks / Provisional / Degree ☐ Transfer Certificate / Course Completion Certificate
☐ Migration Certificate (Other State Students only) ☐ Undertaking if any (Certificates due)

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the University that are in force from time to time.

Station :

Date : SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

- The particulars furnished in the application have been duly verified with Originals and the Candidate is eligible for admission
- Admission / Cancellation Intimation given / sent on
- Submission of undertaking on is to be given.

ASST. /ASO	SECTION OFFICER	ASSISTANT REGISTRAR	DIRECTOR
Signature of the LSC Co-ordinator with Seal		Received the Provisional admission intimation and all the original certificates submitted by me	
		SIGNATURE OF THE APPLICANT WITH DATE	

<u>Fees and Course Completion Details</u>	
i. First Year Fees _____ Date _____	ii. Second Year Fees _____ Date _____
iii. CC Serial No. and Issued Date _____	

UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION
COMPUTER CODING SHEET

1. Course to which admission is sought :

Name of the Programme applied for	MBA ELECTIVE chosen for IV Semester
MCA <input type="checkbox"/>	<input type="checkbox"/> Human Resource <input type="checkbox"/> Finance <input type="checkbox"/> Hospital
MBA <input type="checkbox"/>	<input type="checkbox"/> Systems <input type="checkbox"/> Marketing
	<input type="checkbox"/> Logistics and Supply Chain <input type="checkbox"/> Business Data Analytics

2. ENROLMENT NUMBER (to be assigned by the office)

ACADEMIC YEAR 2024-2025	A	2	4											
CALENDAR YEAR 2025	C	2	5											

3. Name of the Candidate (Write in Capital Letters) (a) in English (b) in Tamil

(a)

(b)

Aadhaar No.

5. Father's/Guardian Name (Write in Capital Letters) – *as per entry in the Transfer Certificate*

6. Mother's Name (Write in Capital Letters)

	Date	Month	Year
7. Date of Birth	<table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	<table border="1" style="display: inline-table; width: 60px; height: 25px;"></table>

8. Gender Male ☐ Female ☐ Transgender ☐

[illegible][illegible]

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e-mail :

a) Project Work ☐ b) Two Optional Papers ☐

Rural ☐[illegible][illegible]

SC ☐ ST ☐ MBC ☐ DNC ☐ BC ☐ OC ☐

17. Are you employed ? YES ☐ NO ☐

No ☐No ☐

Differently Abled ☐
Prisoner ☐ **Visually Challenged** ☐

No ☐

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Signature of the Candidate

Not to be attested