



Application Form

DIRECTORATE OF DISTANCE EDUCATION

Magadh University, Bodhgaya - 824 234 (BIHAR)
Ph. 0631-2200491 (O), Fax - 0631-2200491

Annexure - A

Form No. ODL :
Downloaded Version

Paste your Passport size
recent coloured
Self attested Photograph
(4cm x 5 cm)

Signature of the Applicant

Note : To be filled by the candidate and send by Registered/Speed Post only.

Enrolment No.(for office use only) :

Fill the Application Form very carefully. Completely filled in Application Form along with required documents should be sent to **Director, Directorate of Distance Education, Magadh University, BodhGaya - 824 234, (Bihar)** on or before the due date notified in the advertisement, only by Registered/Speed post. Application Forms sent to any other office of the University will not be entertained. Downloaded Application Form must be accompanied by DD of **Rs. 500/- (Rupees Five hundred only)** for Gen. & Other Categ. and **Rs. 250/- (Rupees Two hundred fifty only)** for SC/ST/PH Category in favour of **Director, DDE, M.U.** payable at **BodhGaya**. Application Form without requisite fee (Bank Draft) will not be entertained. Keep one box blank between two words.

- 1.. Name of the Programme applied for : **M.A. in Education (2017-19)**
2. Name of the applicant in BLOCK LETTERS (as per Secondary School Examination certificate) in Roman Script:
3. Name in Devnagari Script :
4. Father's Name :
5. Mother's Name :
6. Permanent Address : .

 PIN
7. Address for Correspondence :

 PIN
City District State
8. Mobile No. :
9. E-mail address (if any) :
10. Date of Birth :
Date Month Year
- Tick (✓) the appropriate box only
11. Gender : Male Female Transgender
12. Caste :
13. Category : General SC ST EBC (BC-I) BC (BC-II) PH Percentage of PH
(Tick (✓) in appropriate box)
* Attach relevant documents
14. Category of PH OH Visual Impaired Hearing Impaired
15. Nationality : Indian Other if other please specify :

16. Region Rural Urban

17. Marital Status : (✓) Married Unmarried

18. Details of Application fee :

(i) DD No. Date Amount Bank Payable at

19. Educational Qualification (Matriculation onwards)

Name of the Exam Passed	Name of the College/School	Board / University	Year of Passing	Full Marks	Marks Obtained	% of Marks	Division/ Class

DECLARATION BY THE APPLICANT

I (Name) hereby declare that I have read and understood the conditions for the eligibility of the **M.A. in Education** 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 Application Form. In the case of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the University at any stage and I will not be entitled for any refund of any fee paid by me to the University.

Date :

अभ्यर्थी का हस्ताक्षर (हिन्दी में)

Signature of the Applicant (In English)

Enclosures :

1. 2.
3. 4.
5. 6.
7. 8.