



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

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.

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

Signature of the Applicant

1.. Name of the Programme applied for : **Master of Library & Informmation Sc. (2017-18)**

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 **MLIS** 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.

DDE Enrolment Form

Annexure - B



DIRECTORATE OF DISTANCE EDUCATION

Magadh University, Bodh-Gaya-824 234 (BIHAR)

Phone : 0631-2200491 Fax : 2200491

DDE Enrolment Form

Form No.

Downloaded version

To

The Director

Directorate of Distance Education

Magadh University, Bodh-Gaya - 824234 (Bihar)

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

Ref. : Enrolment No.

Programme of Study

Sir,

I have to request you to kindly enroll me with Directorate of Distance Education,
Magadh University, Bodh-Gaya as a student. Details are given below.

Yours faithfully

Signature of the Candidate

- Name of the candidate in Roman Script :
- Name of the candidate in Devanagari Script :
- Father's Name :
- Mother's Name :
- Date of Birth (as in S.S.E. Certificate) :
- Permanent Address :
- Present Address :
- Category (SC/ST/BC/OBC/PH/GEN.)
- Sex (Male / Female) : **M** **F** 10. Region Rural Urban
- Course in which admitted :
- M.U. Registration No. :
- Institution where studied last :
(Mention name of Board / University)
- Last Examination Passed :

Signature of the Candidate

RECEIPT

The Candidate be Registered

Director
DDE, M.U.