

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

Applic	ation form for the ses		.0	
1. Course Name				
2. Medium Hindi/English				Please affix
3. Name of the Candidate				your recent passport size
4. Date of Birth				photograph
5. Father's/Husband Name	ППППП			
6. Mother's Name				
7. Father's Occupation				
8. Category (✓): SC ☐ ST ☐ OB	C ☐ General ☐ Religio	n		Signature of Candidate
9. Nationality		l Status		
10. Gender (✓): Male ☐ Female ☐				
11. Full correspondence Address City State Pincode	Phone	District		
Mob. Email Address I I I I I I I I I I I I I I I I I I				
S.No Exam Boar	d/University	Subject	Passing Year	Aggregate Percentage

13. Employment Status		Designation
Office Address		
Phone No		
14. Fee Details : Please issue th	ne DD in favor of MATS U	Iniversity-Distance Education , Raipur (C.G.)
Tick (✔)DD [(or) Cash [
(a) Amount	DD No	Bank Name
Branch Name	Γ	Date of Issue
(b) Cash		
	<u>Declaratio</u>	on by Applicant
I seek admission. I fulfill the regard. In the event of any in	e minimum eligibility cr formation being found i ty at any time and I sha	the conditions of eligibility for the programme for which riteria and I have provided necessary information in the incorrect and misleading my candidature shall be liable to all not be entitled to refund of any fee paid by me to the ulation of the University.
Date		Signature of Applicant
CHECK LIST		
Attested copies of Marks	sheets of 10th & 12th	
Attested Photo copies of	f Degree of Graduate &	Post Graduate
Attested Photo copies of	f the Certificate (for SC/	/ST/OBC)
Attached Demand Draft	for the Course fees	
☐ Migration Certificate fro	m the University last at	ttended
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