

11. Fee Concession Category : (Proof to be attached)

(Non-teaching employee-01 (Group C & D only) Defence personnel-02, Physically Challenged-03, Widows-04, Deserted Women-05, Prisoners-06, Trans-genders-07)

12. Fee Particulars
Name of the
Bank & Branch

DD / Chalan No.

{ for mode of payment
of fee, ple. refer
information broucher }

Date :

Amount (Rs.)

13. If employed, indicated designation
with the officer address

14. Details of Educational Qualifications

(Please provide full details of your educational qualification)

Examination Passed	Name of the Course	Name of the Institution / College / University	Year of Passing	Class / Grade / Percentage
HSc/Equivalent				
Degree				
Post graduation				
Others(Specify)				

DECLARATION

I declare that all the information submitted in this application form is correct and complete. I acknowledge that the Pondicherry University reserves the right to reverse at a later date any decision regarding admission made on the basis of incorrect or incomplete information provided by me.

I declare further that I had read and understood all contents of this application form and Information Brochure and that I am bound by the contents.

Place :

Date:

Signature of the Candidate

Application No.



PONDICHERRY UNIVERSITY

(Central University)

MBA TWINNING PROGRAMME

Where Innovation is a way of life



Directorate of Distance Education of Pondicherry University

FORM OF APPLICATION FOR ADMISSION

Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolment Number (For Office Use)	Passport Size Photograph To be attested by Gazetted Officer)										
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Signature of the Admission Officer Original Certificated Verified by											

1. Name of the applicant (in **BLOCK LETTERS**)
(As per Academic Records)

2. Name of Parent / Guardian

3. Address to which communication is to be sent: (in BLOCK LETTERS)

Pin Code : STD Code :
Phone No. Mobile :

4. E-mail ID :

5. Date of Birth : Day Month Year 6. Sex : M-Male / F- Female

7. Place of Birth R-Rural / U-Urban 8. Social Status (SC-01, ST-02, OBC-03, OC-04)

9. Name of the course applied Course Code

10. PCP Centre chosen Centre Code