

Qualification Details:

Qualification	Name of the School / College	Name of Board / University	Year of Passing	Status Pass / Fail
10th				
12th				
Graduation				
Post-Graduation				
Any others				

Fee Details:

Demand Draft (DD) to be drawn in favor of "Institute of Distance Education Kalinga University" payable at Raipur.

Fee Amount Rs..... D.D. No..... Date.....

Bank Name..... Branch Name.....

Documents to be attached:

- For BA, B.Com, BBA, DCA - 10th Marksheet ☐ 12th Marksheet ☐
- For PGDCA - 10th Marksheet ☐ 12th Marksheet ☐ Graduation Marksheet/Degree ☐
- Address Proof : Aadhar Card or Voter Id Card or Driving Licence (any one to be attached)

Do you require printed copy of Self Learning Material. Yes ☐ No ☐

(Cost of SLM Soft Copy in your login is free of cost) (Cost of SLM Printed - INR 1000/- per semester)

Declaration (Please read each statement carefully and tick the checkbox to acknowledge that you have read, understood and agree to the terms below.)

- ☐ I certify that the information submitted by me in support of this application is true to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my admission is liable to be rejected/ cancelled at any stage of the program.
- ☐ I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfil the eligibility requirements for the course applied.
- ☐ In the event of submission of eligibility document from the unrecognized Board/ University, fraudulent, incorrect or untrue information or suppression or distortion of any fact, like educational qualification, marks, nationality, that if I found involve in any unlawful activity etc. I understand that my admission is liable for cancellation.
- ☐ I undertake to abide by the disciplinary rules and regulations of the University.
- ☐ Central / State Government employee to submit NOC from their employer within 15 days.
- ☐ I am clearly aware that I can join only one distance program at a given point of time.

Date

Place

Signature of Candidate

For Office Use Only

Check List

Candidate Name <input type="checkbox"/>	Proof of Educational Qualification	10th <input type="checkbox"/>	12th <input type="checkbox"/>	Graduation <input type="checkbox"/>
Course Name <input type="checkbox"/>	1 Passport size Photograph <input type="checkbox"/>			
DOB Proof <input type="checkbox"/>	Copy of National ID <input type="checkbox"/>			
Contact Details <input type="checkbox"/>				

Fees - Cheque ☐ DD ☐ Cash ☐ Online ☐ Specify Details.....

Eligible for Admission Yes ☐ No ☐

If NO (Specify Reason).....

Name

Date

Designation

Signature