

Blood Group

Country

Application Form

Institute of Distance Education Kalinga University, Raipur

Kotni, Near Mantralay, Naya Raipur - 492101, Chhattisgarh E-mail id: admission@idekalinga.ac.in Website: www.idekalinga.ac.in

Please fill in CAPITAL LETTERS Paste recent Passport Size This form requests a significant amount of personal information. This is required Colour Photograph so that we can decide on your suitability for the course you are applying for. The 1. Do not use digital or information you provide will be used for this purpose. It will be treated in 2. Do not Pin or Staple the photograph confidence and will only be seen by those whose job require them to do so. 3. Do not Sign on the Course title (Code) Session Signature of Candidate **Personal Details** Day Month Year Title: Mr./Ms. Female Date of Birth Gender: Male First Name Last Name Aadhar No SC OBC Marital Status Married Single General Father's Name Mother's Name **Communication Address** City Post Code State Occupation: Self Employed Home Maker Private Job Government Job **Employer Name** Designation Address STD Code Mob. Landline E-mail

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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.					
	D.D. No							
• For PGDCA - 10th Marks	ed: CA - 10th Marksheet	Graduation Markshe	-					
Do you require printed cop	by of Self Learning Materia	l. Yes	No					
(Cost of SLM Soft Copy in	your login is free of cost)	(Cost of SLM Printed - 1	 INR 1000/- per s	emester)				
Declaration (Please rea	d each statement carefull and agree to the terms be	ly and tick the checkb	•	•				
knowledge and belief.my admission is liableI have read and under	ormation submitted by me in support of this application is true to the best of my ef. I understand that in the event of any information being found false or incorrect, ble to be rejected/ cancelled at any stage of the program. Herstood all provisions of admissions and agree to abide by them. I also affirm bility requirements for the course applied.							
☐ In the event of sub-	submission of eligibility document from the unrecognized Board/ University, ect or untrue information or suppression or distortion of any fact, like educational ks, nationality, that if I found involve in any unlawful activity etc. I understand that							
•	y the disciplinary rules and a	regulations of the Unive	rsity.					
☐ Central / State Governm	nent employee to submit NOC	C from their employer wit	hin 15 days.					
☐ I am clearly aware that	I can join only one distance	program at a given poin	t of time.					
D.								
Date				0.00				
Place			Signature o	f Candidate				
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Candidate Name Course Name DOB Proof Contact Details	Proof of Educational (1 Passport size Photog Copy of National ID		l2th □ Graduat	ion 🗌				
Fees - Cheque DD	Cash Online Speci	fy Details						
Eligibile for Admission	Yes No No	•						
Name								
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Designation Signature