

MATS UNIVERSITY

OPEN & DISTANCE LEARNING PROGRAMME

Aarang Kharora Highway, Aarang, Raipur (C.G.) 493 441
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www.matsuniversity.ac.in e-mail:decadmissions@matsuniversity.ac.in

Admission Form

	Admission			
	Application form for the se	ssion 20 2		
1. Course Name	Progra	mme Code		
2. Medium Hindi/Eng		Please affix		
3. Name of the Candidate				your recent passport size
4. Date of Birth	D D M M Y E A R			photograph
5. Father's/Husband Na	me			
6. Mother's Name				
7. Father's Occupation				
8. Category (✓): SC ☐ ST ☐ OBC ☐ General ☐ Religion ☐				Signature of Candidate
9. Nationality	Marita	l Status		
10. Gender (✓): Male [] Female [
11. Full correspondence	Address			
City		District	:	
State Pi	ncode Phone	No.		
Mob.	Email Address			
	Email/(daress			
12. ACADEMIC QUALIFIC				
S.No Exam	Board/University	Subject	Passing Year	Aggregate Percentage

13. Employment Status	Designation	
Office Address		
Phone No.		
14. Fee Details : Please issue the DD in favor of I	MATS University-Distance Education, Raipur (C.G.)	
Tick (✔)DD (or) Cash		
(a) Amount DD No.	Bank Name	
Branch Name	Date of Issue	
(b) Cash (encl receipt co	py)	
	aration by Applicant	
I seek admission. I fulfill the minimum eligil regard. In the event of any information being	stood the conditions of eligibility for the programme for whoility criteria and I have provided necessary information in found incorrect and misleading my candidature shall be liabled I shall not be entitled to refund of any fee paid by me to nd regulation of the University.	the e to
Date	Signature of Applic	ant
CHECK LIST		
☐ Attested copies of Marksheets of 10th &	12th	
Attested Photo copies of Degree of Grad	uate & Post Graduate	
Attested Photo copies of the Certificate	for SC/ST/OBC)	
☐ Attached Demand Draft for the Course for	ees	
☐ Migration Certificate from the University	last attended	
OR OFFICE USE ONLY		
	Remarks	
Centre Seal, Sign & Code	Date Signature	