

## DIRECTORATE OF DISTANCE EDUCATION

L.N. Mithila University, Kameshwaranagar, Darbhanga-846008 (BIHAR)

Phone & Fax: 06272-246506, Website: ddelnmu.ac.in, E-mail: director@ddelnmu.ac.in

## ADMISSION FORM Session: January/July

Session: January/July BLIS/MLIS Programmes

1. Name of the Programme:	Programme Code:				
	Enrolment No. (For Office Use)				
2. Name: (IN CAPITAL LETTERS):·····					
3. Name: (In Hindi):					
4. Father's Name (IN CAPITAL LETTERS):	Allix a recent				
5. Mother's Name (IN CAPITAL LETTERS):	Colour				
6. Date of Birth:					
7. Sex Male (PLEASE √ANY ONE) Female					
8. Category General SC ST BC	EBC WBC *PC				
9. Marital Status Married Unmarried	* Physically Challenged				
10. Territory Urban Rural	Tribal				
11. Employment Status Employed	Un-employed				
12. Religion: Hindu Muslim	Christian Other				
3. Nationality Indian Other					
14. For Examination Purpose:  Name of the Year of	Full Marks % of Div./				
Examination Board/University Passing	Marks Obtained Marks Class				
Matric (10 <sup>th</sup> )					
Inter (10+2)					
Graduation					
Others					
15. Institution where studied last with Board/University					
16. Address: (i) Permanent Address (IN CAPITAL LETTERS):					
(ii) Present Address (IN CAPITAL LETTERS):					
17. Mobile Number/Telephone Number: +91	Adhar No.				
18. Draft/Challan No Ar	nount Dated:				
19. Issuing Bank Bra	nch				

## **DECLARATION**

I hereby declare that the above particulars are correct to the best of my knowledge and belief and I fully understand that my admission will stand cancelled in case if any of the information given above by me is found to be incorrect or false.

I further declare that I shall abide by all the rules and regulations of the Directorate of Distance Education and also I am not pursuing other programme through distance mode anywhere.

Place:						
Date:	Signature of 1	Father/Guardi	an	Sig	gnature	of the Candidate
	(TO BE	FILLED IN B	Y THE O	FFICE)		
Verified the	statement, certifi	icates, enclosed	with app	lication fo	orm are	found correct. All
essential documents	s are enclosed her	rewith, Admissi	on may b	e accepte	d.	
<u>Assistant</u>						<b>Admission</b>
<u>Incharge</u>						
Received Rs	through E	Bank Challan no	0		d	ated of
(Bank name)						
Assistant A/c						Accountant
Admit in Program	mme			se	ession	
admitted due to the						
Enrolment No.						
Date of Admission						
Admission along	Ca	andinatan/Adv	n In aha	waa		DIDECTOD

Note: The candidates are required to show the original certificate/documents essentially for verification at the time of admission.