

INSTITUTE OF DISTANCE EDUCATION
DOCTOR HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.) 470 003
(A Central University) (Formerly University of Saugar)
(NAAC Reaccredited 'A' Grade)



SESSION -.....

Office - (07582) - 265055
 Fax - (07582)- 265055
 Email- idesagar@yahoo.com
 Website - www.dhsgsu.ac.in

Application Form for admission to

Enrolment No. : (For office use) Regd. No. : (For office use)

[Note* : If Application Form Downloaded from Internet / Website; please, add Form-Price: Rs. 300=00 with Course Fee]	
Bank Draft/Power Jyoti Challan No. :	Fee*Rs. :
Name of Bank IFSC / Code	Late Fee (if any) Rs.:
Address of Bank:	Total Fee :
Date:	In words (Rs.)
if draft:.....	Accountant

- Full Name of Applicant Shri/Smt./Ku.
- Father's/Husband's Name :
- Mother's Name :
- Date of Birth :in words:
- Category (GEN/SC/ST/OBC/PH) : 6. Status:(Employed/Unemployed)
- Address of the Employer:
- Marital Status (Married/Unmarried) : 9. Nationality:
- Present Postal Address:
- Village..... Post office.....
- District.....State..... Pin Code
- Permanent Address:
- Village..... Post office.....
- District.....State..... Pin Code
- E-Mail ID :
- Mobile/Phone No.

Attested copy of Passport Size Photograph
Signature of Candidate

12. Educational Qualifications:

Exam. passed	Passing Year	Name of the Board/ University	Percentage (%)	Division	Subjects
Pre eligibility :					
1. High School Cert.(10 th)					
2. Intermediate/Hr.Sec.(10+2)					
Eligibility :					
3. B.A./B.Com./B.Sc./B.E./ B.C.A./B.B.A./B.H.Sc./ B.D.S./MBBS					
4. M.A./M.Com./M.Sc./ M.B.A./ M.H.Sc./M.S./ M.D.S./M.D.					
5. B.J.(C.) / B.Lib.I.Sc.					
6. Other Qualification					

(Please enclose copy of each degree and its mark sheet duly attested. **original Migration Certificate will have to produce**

13. Last College/University attended :

14. Medium (Hindi/English) :

15. I shall not make any claim for specific language for reading material. if any

16. I, Solemnly declare that I have carefully read and understood the terms and conditions of admission and rules applicable thereon. All the entries made by me in this form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my admission from the programme offered. In the event of suppression or distortion of any fact like category, educational qualification, eligibility criteria etc. made in my application form, I understand that I will be denied admission in the programme of the Institute and if already admitted, degree awarded on any of the programme of this Institute will be terminated forthwith .

I also agree with the requirement for Personal Contact Programme.

17. Enclosures

- (i) (iii) (v)
- (ii) (iv) (vi)

Date : -----

Signature of the applicant

Note : In case of cancellation of admission, the refund shall be consider as per UGC Norms.

For the use of Scrutinizers

1. The application is in order: Yes / No.
 - A.
 - B.
 - C.
 - D.
2. If No; documents required:
3. Recommendation : Recommended / Not recommended
4. Shri/Smt./Ku. is admitted provisionally to the subject on the condition that for any dispute, the jurisdiction shall be the district court of Sagar.
5. The recommendation of admission is per column No. 4. Any misleading/incorrect information furnished by candidate or any lapse in scrutiny may consider the cancellation admission at any stage, even the degree may be seiged by explaining reasons, if

Office Assistant

Course Coordinator

Dean of concerned School

FOR OFFICE USE ONLY

Asstt. Director

Director