

## INDIAN INSTITUTE OF DISTANCE EDUCATION

## **ENHANCING YOUR CAREER**

P.No. 2, 3<sup>rd</sup> floor, Thakur Complex, Tilak Nagar, Amravati Road, Ravinagar Square, Nagpur-10

Nagpui - 10						
APPLICATION FOR ADM	MISSION TO		Prograr			
Enrolment No. [for office use only]						
1. Name of the Applicant as in the Marks Card of Standard X exam :						
2. Father's / Husband's Name :						
3. Mother's Name:						
4. Date Of Birth :	6. N	6. Nationality: 7. Mother Tongue:				
8. Complete Address of Student for Correspondence (Do not repeat name) :						
City: Pin Code:						
9. STD Code: Phone No. E-mail:						
10. Course Applied For: Specialization Medium:					ım:	
11. Educational Qualification:						
Examination Passed   Month & Year Of Passing		Subject	Percentage Name Of the Board/ University of Marks		Board/ University	
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I declare that the information furnished ab	pove by is correct to the best of my knowledge
Date:	Signature of the candidate
FOR	OFFICE USE ONLY
Accepted/ Rejected	
Scrutinized by	Checked by

## IMPORTANT INSTRUCTIONS TO BE FOLLOWED BY THE CANDIDATES

- 1. The filled application should be submitted to Registrar (Evaluation), INDIAN INSTITUTE OF DISTANCE EDUCATION.
- 2. Candidates are requested to submit the examination fee.
- 3. In the first attempt the candidate should appear for all papers.
- 4. Incomplete applications are liable to be rejected.
- 5. Examination fees once paid will NOT be readjusted / refunded under any circumstances.
- 6. Students Are Prohibited To Bring Mobile Phones To The Examination Hall.

E-mail:-info@iide.co.in Website:-www.iide.co.in