

- APRIL - MAY EXAM
- AUGUST OPEN EXAM
- JUNE - JULY EXAM
- DECEMBER - JANUARY EXAM

**DEGREE COURSE REGISTRATION**  
**DISTANCE EDUCATION**

Affix  
recent  
Passport size  
photo

ACADEMIC YEAR     -

COURSE PERIOD     To

COURSE <input style="width: 80%;" type="text"/>	MAIN SUBJECT <input style="width: 80%;" type="text"/>	UNIVERSITY <input style="width: 95%;" type="text"/>
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1. Name of Candidate (Capital Letters) :
2. Fathers Name (Capital Letters) :
3. Mothers Name (Capital Letters) :
4. Guardian Name (Capital letters) for Orphan :
5. Postal Address :   
  
  
 Pin   
E-mail
6. Contact Number : Phone    
Mob
7. Age & Date of Birth :
8. Gender :
9. Course Applied for :
10. Medium of Study :
11. Mother Tongue :
12. Nationality :
13. Religion :
14. Your Previous Qualification :
15. Fathers Education Qualification :
16. Mother Education Qualification :
17. Place of Residence :
18. Employment :

**DEGREE COURSE REGISTRATION**  
**DISTANCE EDUCATION**

The Examination Center Selected District :

SSLC Board Exam Details : (a) Year of Passing   
(b) Roll Number   
(c) Board

Plus Two Board Exam Details (First Year Direct Registration Only) : (a) Year of Passing   
(b) Roll Number   
(c) Board

Registration Fee. Details : Mode of Fee. DD / CASH. Reg. fee. Rs   
DD No   
Date of Bank Draft     
Bank Name

**DECLARATION OF STUDENT / PARENT**

I hereby declare that, I am enrolling myself for the correspondence course of distance education. I have gone through the brochure and website of this course and I have fully understood it. I agree and accept the terms and conditions said in the brochure and website. I also agree that it is my personal responsibility to study the course and to pass the examination.

All disputes and claims will be resolved by way of Arbitration according to the Arbitration and Conciliation Act, 1996 and the Jurisdiction will be in Ernakulam district. If the applicant violates any of the terms of the rules and regulations of the course he / she is likely to be terminated and no part of the fee collected would be refunded. The institution will not be liable for any failure due to act of God, act of Government or Statutory undertaking or anything beyond the institution's control, nor we would be liable for any incidental or consequential loss or damage arising out of this.

Signature of Student \_\_\_\_\_ Date     
Signature of Parent \_\_\_\_\_ Place

**LIST OF DOCUMENTS WITH APPLICATION (Specify No. of Copies)**

1.
2.
3.
4.

**OFFICE USE ONLY**

University Registration ID   
Student Registration Number