

INSTRUCTIONS FOR FILLING THE COMPUTER CODING SHEET

- All columns must be filled in by the candidates only.
- For columns 1, 8, 10, 11, 12, 13, 16, 17, 18, 21, 22 and 23 put a (✓) in the appropriate box.
- For the other columns *follow the instructions given below*

Column No.

Details

2 - Write the Main subject chosen clearly in capital letters

(A) M.B.A. EXECUTIVE

(B) M.B.A. BUSINESS ADMINISTRATION

Specify any one of the following

1. **M.B.A.** - Apparel Management
2. **M.B.A.** - Educational Management
3. **M.B.A.** - Export Import Management
4. **M.B.A.** - Financial Management
5. **M.B.A.** - Hospital Management
6. **M.B.A.** - Human Resource Management
7. **M.B.A.** - International Business Management
8. **M.B.A.** - Logistics and Supply Chain Management
9. **M.B.A.** - Marketing Management
10. **M.B.A.** - Operations Management
11. **M.B.A.** - Shipping and Port Management
12. **M.B.A.** - Systems Management
13. **M.B.A.** - Travel and Tourism Management

(C) INTEGRATED M.B.A.

(D) COMPUTER APPLICATIONS

(E) INFORMATION TECHNOLOGY

3 - Enrolment Number (To be assigned by the office)

4,5 & 6 - Write your name, name of the father / guardian / husband, and mother as applicable. Write only one character per box in the space provided.

- Example – The name **CHANDRA MOHAN, V.R.** should be filled in as

C	H	A	N	D	R	A		M	O	H	A	N	,	V	.	R	.
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- 7 - Example – The Date of Birth 10th March 1989 should be filled in as

1	0	0	3	1	9	8	9
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- 9 - Furnish the correct address with Pincode to which the communication must be sent. Use the boxes starting from the first position.

- 14 - State your Religion

- 15 - State the Caste as given in the Transfer certificate

- 19 - Mention the PCP Centre code for attending the Personal Contact Programme classes

Note : The Personal Contact Programmes will be organized at the following Centres in Tamil Nadu and Puducherry subject to students strength. If the strength is not sufficient in any centre it will be merged with the centre nearest to it. Use the code numbers in the box provided.

2	2	1	AMBUR
2	2	2	CHENGALPATTU
2	2	3	CHENNAI
2	2	4	COIMBATORE
2	2	5	DHARMAPURI
2	2	6	ERODE
2	2	7	KANCHEEPURAM
2	2	9	KUMBAKONAM

2	3	1	SALEM
2	3	2	TIRUCHIRAPALLI
2	3	3	TIRUVANNAMALAI
2	3	4	TIRUVALLUR
2	3	5	VELLORE
2	3	6	VILLUPURAM
2	3	7	PUDUCHERRY

- 20 - Mention the Code of the Centre at which you propose to collect the study materials (Refer Page No. 62 to 70).

UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION

சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION

M.B.A. Executive, M.B.A., Integrated M.B.A., M.C.A., M.Sc. (I.T.)

ENROLMENT NUMBER (to be assigned by the IDE office / Co-ordinator, Spot Admission Centre / Study Centre)

ACADEMIC YEAR 2012-2013

A	1	2												
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

CALENDAR YEAR 2013

C	1	3												
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M.B.A. - Executive Course : Rs.1,000/- M.B.A., Integrated M.B.A. (5 years) M.C.A., M.Sc.(I.T.) Courses : Rs.400/-

(Payment should be made either by designated Bank Challan / Demand Draft)

CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS

Candidates to tick (✓) any one of the appropriate boxes for Tuition Fee Concession - (Refer to Page No. 64)	Women Candidate <input type="checkbox"/>	Defence Personnel <input type="checkbox"/>
	University of Madras Graduate <input type="checkbox"/>	Police <input type="checkbox"/>
	Differently Abled <input type="checkbox"/>	Teacher <input type="checkbox"/> Press & Media <input type="checkbox"/>

Name of the Course applied for	Main Subject
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PERSONAL CONTACT PROGRAMME CENTRE			STUDY CENTRE/ SPOT ADMISSION CENTRE AT WHICH ADMISSION IS MADE		
PCP Centre Code	Place		Centre Code	Place	

ADDRESS FOR COMMUNICATION (WRITE IN CAPITAL LETTERS)

NAME : _____
 S/o, D/o, W/o, C/o. : _____
 Door No. & Street : _____
 Town / Village Post : _____
 District : _____
 State : _____ INDIA
 Pin code : _____
 Phone (Res) : _____ Off. _____
 Mobile : _____ E-Mail _____

Recent Passport
Photograph signed by a
Gazetted Officer /
PRO/AR (IDE) /
Faculty with Seal

1. NAME OF THE APPLICANT (as given in the certificate in CAPITAL LETTERS)	(a) in English				
	(b) in the Regional Language				
2. Name of Father / Mother / Guardian / Husband					
3. (a) Date of Birth as per Christian era	(b) Age	(c) Sex (Tick) Male <input type="checkbox"/> / Female <input type="checkbox"/>	4. Nationality	5. Religion	
6. a) Community (Tick ✓) OC <input type="checkbox"/> / BC <input type="checkbox"/> / MBC <input type="checkbox"/> / SC <input type="checkbox"/> / ST <input type="checkbox"/>	b) Caste		7. Mother Tongue		
8. Physically Challenged (Tick ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Present Occupation				

10. Are you undergoing any other course in a College or University ? If so, Specify	
11. The wards of Defence Personnel / Ex-Servicemen should specify as :	(a) Ward of Defence Service Personnel (b) Ward of Ex-Servicemen : Navy / Army / Air force.
12. Chosen by the Candidate will be final and will not be permitted to change subsequently	a) Project Work <input type="checkbox"/> b) Two Optional Subjects <input type="checkbox"/>

13. DETAILS OF EXAMINATION PASSED

Examinations passed with Subjects	Name of the Board / University with the Name of the School / College	Month & Year of Passing	Registration Number	Class with Grade/Marks	Maximum Marks
S.S.L.C. Strikeout whichever is not applicable (State whether it is 10 Years or 11 Years Course)					
P.U.C. / Higher Secondary Strikeout whichever is not applicable (State Whether it is One Year or Two Years Course)					
BA/BSC/BCom Degree With main Subject Strikeout whichever is not applicable (State Whether it is Two Years or Three Years Course)					
(The above statement must be attested by the same Gazetted Officer/Assistant Registrar/ Public Relation Officer (IDE) / Faculty who attested the Photograph)					

14. Enclosures

- (1) (3) (5)
(2) (4) (6)

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the University that are in force from time to time.

Station :

Date :

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

1. Whether the application is in order : **Yes / No**
2. If not, Documents required :

- (1) (3)
(2) (4)

ADMISSION / CANCELLATION ORDER

3. Thiru/Tmt./Selvi is admitted provisionally / not admitted to the..... Degree Course inMain in English / Tamil Medium during the Academic Year 2012-2013 / Calendar Year 2013.

CO-ORDINATOR

Spot Admission Centre / Study Centre

DIRECTOR

4. Admission / Cancellation Intimation sent on

5. Certificates returned to the Candidate on

- (1) Statement of marks (2) S.S.L.C Book (3) Conduct Certificate
(4) Birth Certificate (5) Transfer Certificate (6)

ASST. /ASST. SECTION OFFICER

SECTION OFFICER

ASSISTANT REGISTRAR

STUDY CENTRE / SPOT ADMISSION CENTRE / OFFICE

Signature of the Centre Co-ordinator with Seal

DIRECTOR

UNIVERSITY OF MADRAS
INSTITUTE OF DISTANCE EDUCATION
COMPUTER CODING SHEET

1. Course to which admission is sought (Tick (✓) Appropriate Box) M.B.A. Executive <input type="checkbox"/> M.B.A. <input type="checkbox"/> Integrated M.B.A. <input type="checkbox"/> M.C.A. <input type="checkbox"/> M.Sc. (I.T.) <input type="checkbox"/>																																																											
2. Main Subject chosen <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																																																											
3. ENROLMENT NUMBER (to be assigned by the office) ACADEMIC YEAR 2012-2013 A 1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																											
CALENDAR YEAR 2013 C 1 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																											
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7. Date of Birth Date <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table> Month <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table> Year <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td> </tr> </table>																		8. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>																																									
9. Address for communication (do not write your name here) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																																																											
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Phone :					Mobile :					E-Mail :																																																	

10. Selection of Project Work or Two Optional Subjects	a) Project Work <input type="checkbox"/>	b) Two Optional Subjects <input type="checkbox"/>
11. For Optional Subjects, choose any two Papers from any one of the following Groups (■) shade the appropriate box		
<i>GROUP - A</i>	Retail Marketing <input type="checkbox"/> Rural Marketing <input type="checkbox"/> Industrial Marketing <input type="checkbox"/> Customer Relations Management and Relationship Marketing <input type="checkbox"/>	
<i>GROUP - B</i>	Organisational Development <input type="checkbox"/> Entrepreneurship and Management of Small Business <input type="checkbox"/> Derivatives <input type="checkbox"/> Risk Management and Insurance <input type="checkbox"/>	
<i>GROUP - C</i>	WTO Constitution and Operation <input type="checkbox"/> Global Investment, Instruments and Institutions <input type="checkbox"/> Global Tourism <input type="checkbox"/> Emerging Issues in Tourism <input type="checkbox"/>	
<i>GROUP - D</i>	Educational Infrastructure <input type="checkbox"/> Instructional Design and Curriculum Development <input type="checkbox"/> Hospital Core Services <input type="checkbox"/> Hospital Support Services <input type="checkbox"/>	
<i>GROUP - E</i>	Integrated Materials Management <input type="checkbox"/> Value Analysis and Engineering <input type="checkbox"/> Fashion Retail Management <input type="checkbox"/> Consumer Behaviour in Fashion <input type="checkbox"/>	
<i>GROUP - F</i>	Logistics and Operations Management <input type="checkbox"/> Legal Aspects of Shipping <input type="checkbox"/> Software Project Management <input type="checkbox"/> Computer Networks <input type="checkbox"/>	
<i>GROUP - G</i>	International Transportation Law <input type="checkbox"/> Transport Economics <input type="checkbox"/> International Business Law <input type="checkbox"/> Global Marketing Management <input type="checkbox"/>	
12. Nationality	Indian <input type="checkbox"/> Others <input type="checkbox"/>	13. Region Urban <input type="checkbox"/> Rural <input type="checkbox"/>
14. Religion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15. Caste	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
16. Community	SC <input type="checkbox"/> ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>	
17. Physically challenged YES <input type="checkbox"/> NO <input type="checkbox"/>	18. Are you employed ? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19. Centre at which you propose to attend the Personal Contact Programme classes	Name	
	Code No.	<input type="text"/> <input type="text"/> <input type="text"/>
20. Centre at which you propose to collect the study materials (Refer Page No. 72 to 80)	Name	
	Code No.	<input type="text"/> <input type="text"/> <input type="text"/>
21. Are you a ward of a Defence Service Personnel ? (Army / Navy / Air Force)	Yes <input type="checkbox"/>	Category
	No <input type="checkbox"/>	
22. Are you a ward of an Ex-service person ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Tuition Fee Concession Opted ? (Candidate to tick (✓) any one of the appropriate boxes - Refer Page No. 64)	Women Candidate <input type="checkbox"/>	Defence Personnel <input type="checkbox"/>
	University of Madras Graduate <input type="checkbox"/>	Police <input type="checkbox"/>
	Differently Abled <input type="checkbox"/>	Teachers <input type="checkbox"/> Press & Media <input type="checkbox"/>
<p style="text-align: center;">Admission of Candidates from Other States</p> <ul style="list-style-type: none"> Candidates from other states should submit their applications at any one of the Study Centres of the Institute of Distance Education (IDE), University of Madras listed in the Prospectus, of the State concerned for admission to various courses offered by IDE. Applications received by post from the candidates of other States will automatically be linked to the IDE Study Centre of the State concerned. Applications received by post from the candidates of other States where there is no Study Centre of this Institute (IDE), will be linked to the nearby IDE Study Centre of the other State and candidates should undergo the courses offered by this Institute through such allotted IDE Study Centre only. 		<p>Affix Passport Size Photo</p> <p><i>Not to be attested</i></p>
Station :		
Date :		Signature of the Candidate

ADDRESS SLIP

**Executive M.B.A., M.B.A., Integrated M.B.A.,
M.C.A., M.Sc.(I.T.) COURSES
Academic Year 2012 - 2013**

A	1	2										
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Calendar Year 2013

C	1	3										
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**Affix
Passport Size
Photo**

Not to be attested

To be filled in by the applicant (6 copies of his/her address) and returned with the completed application form
(Please note that the admission intimation, original certificates and learning materials will be sent only to this address)

USE BALL POINT PEN ONLY. WRITE IN CAPITAL LETTERS

Name :

.....

Address :

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PIN

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Name :

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Address :

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PIN

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Name :

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Address :

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Name :

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Address :

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PIN

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BANK COPY	
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN	
IDE FEE COLLECTION ACCOUNT NUMBER	
INDIAN BANK	783493481
IOB	179101000001791
Branch : Date :	
Student's Name	
Enrl. Number	
Course of Study	
Year	
I / II / III	
Course Subject	
Fee Code	Particulars
A	Registration Fee
B	Tuition Fee
C	Examination Fee
D	Consolidated Mark Statement Fee
	Duplicate Mark Statement Fee
	Provisional Certificate Fee
E	Convocation Fee
	Migration Certificate Fee
	Verification of Certificate Fee
Other Fee (Please Specify)	
Total	
Amount in words (Rupees	
Nature of Payment (3) Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/>	
D.D. No. Date	
Amount Rs. Bank	
Branch	
Tel. :	
Signature of the Candidate / Remitter	
For Bank Use Only	
Rs.	
Seal / Date	Authorised Signatory
Note : Separate Challan should be used for each type of payment	

IDE COPY	
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN	
IDE FEE COLLECTION ACCOUNT NUMBER	
INDIAN BANK	783493481
IOB	179101000001791
Branch : Date :	
Student's Name	
Enrl. Number	
Course of Study	
Year	
I / II / III	
Course Subject	
Fee Code	Particulars
A	Registration Fee
B	Tuition Fee
C	Examination Fee
D	Consolidated Mark Statement Fee
	Duplicate Mark Statement Fee
	Provisional Certificate Fee
E	Convocation Fee
	Migration Certificate Fee
	Verification of Certificate Fee
Other Fee (Please Specify)	
Total	
Amount in words (Rupees	
Nature of Payment (3) Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/>	
D.D. No. Date	
Amount Rs. Bank	
Branch	
Tel. :	
Signature of the Candidate / Remitter	
For Bank Use Only	
Rs.	
Seal / Date	Authorised Signatory
Note : Separate Challan should be used for each type of payment	

STUDENT COPY	
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN	
IDE FEE COLLECTION ACCOUNT NUMBER	
INDIAN BANK	783493481
IOB	179101000001791
Branch : Date :	
Student's Name	
Enrl. Number	
Course of Study	
Year	
I / II / III	
Course Subject	
Fee Code	Particulars
A	Registration Fee
B	Tuition Fee
C	Examination Fee
D	Consolidated Mark Statement Fee
	Duplicate Mark Statement Fee
	Provisional Certificate Fee
E	Convocation Fee
	Migration Certificate Fee
	Verification of Certificate Fee
Other Fee (Please Specify)	
Total	
Amount in words (Rupees	
Nature of Payment (3) Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/>	
D.D. No. Date	
Amount Rs. Bank	
Branch	
Tel. :	
Signature of the Candidate / Remitter	
For Bank Use Only	
Rs.	
Seal / Date	Authorised Signatory
Note : Separate Challan should be used for each type of payment	

NOTE

Students are Informed to pay fee through anyone of the following designated banks using this challan without any additional charges.

(1) Indian Bank

(through any core banking branches)

(2) IOB

(through any core banking branches)

மாணவர்கள் கீழ்க்காணும் ஏதேனும் ஒரு வங்கி மூலம் கூடுதல் கட்டணமின்றி உரிய கட்டணத்தைச் செலுத்துவதற்கு இந்தச் சலாணைப் பயன்படுத்தலாம்

(1) இந்தியன் வங்கி

(கணினி இணைப்பு வசதி கொண்ட வங்கிக் கிளைகள் மூலம்)

(2) இந்தியன் ஓவர்சீஸ் வங்கி

(கணினி இணைப்பு வசதி கொண்ட வங்கிக் கிளைகள் மூலம்)

Remittance by Demand Draft may be mailed, delivered to IDE, University of Madras.

கேட்டி வரைவோலை மூலம் கட்டணம் செலுத்துவோர் நேரடியாக / தபால் மூலம் சென்னைப் பல்கலைக்கழகத் தொலைதூரக் கல்வி நிறுவனத்தில் சேர்த்திடவும்

Students are informed to keep this portion of the challan safely till the completion of the course of study.

மாணவர்கள், சலாணின் இப்பகுதியை படிப்பு முடியும் வரை பத்திரமாக வைத்திருக்கவும்.

Students are informed to send or handover this portion of the challan to

The Director
Institute of Distance Education
University of Madras, Chepauk,
Chennai - 600 005.

மாணவர்கள், சலாணின் இப்பகுதியை

இயக்குநர்
தொலைதூரக் கல்வி நிறுவனம்
சென்னைப் பல்கலைக்கழகம்
சேப்பாக்கம்,
சென்னை - 600 005.

என்ற முகவரிக்கு அனுப்பி வைக்கவும்
அல்லது நேரடியாகச் சமர்ப்பிக்கவும்.

Particulars	Rs.
1000 X	
500 X	
100 X	
50 X	
20 X	
10 X	
5 X	
Total	