

# INSTRUCTIONS FOR FILLING THE COMPUTER CODING SHEET

- All columns must be filled in by the candidates only.
- For columns 1, 8, 10, 11, 12, 15, 16, 17, 20, 21 and 22 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  
TAMIL, ENGLISH, HINDI, URDU, MODERN ARABIC, HISTORICAL STUDIES, POLITICAL SCIENCE, PUBLIC ADMINISTRATION, ECONOMICS, SOCIOLOGY, CHRISTIAN STUDIES, HUMAN RIGHTS AND DUTIES EDUCATIONS, VAISHNAVISM, MUSIC, COMMERCE, MATHEMATICS, GEOGRAPHY, PSYCHOLOGY, COUNSELLING PSYCHOLOGY, MEDICAL SOCIOLOGY, PHYSICS, CHEMISTRY, BOTANY, ZOOLOGY.
- 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 AZHAGAR RAJAN, L.R should be filled in as
- |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|
| A | Z | H | A | G | A | R |  | R | A | J | A | N | , | L | . | R |  |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|
- 7 - Example – The Date of Birth 10<sup>th</sup> March 1989 should be filled in as
- |   |   |  |   |   |  |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|
| 1 | 0 |  | 0 | 3 |  | 1 | 9 | 8 | 9 |
|---|---|--|---|---|--|---|---|---|---|
- 9 - Furnish the correct address with Pincode to which the communication must be sent. Use the boxes starting from the first position.
- 13 - State your Religion.
- 14 - State the Caste as given in the Transfer Certificate.
- 18 - Mention the 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 student 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

- 19 - Mention the Code of the Centre at which you propose to collect the study materials (Refer Page No. 39 - 47).



UNIVERSITY OF MADRAS  
INSTITUTE OF DISTANCE EDUCATION

APPLICATION NUMBER

சேர்க்கை விண்ணப்பப் படிவம் / APPLICATION FOR ADMISSION  
POSTGRADUATE COURSES - 2012-2013/2013

**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											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

**REGISTRATION FEE Rs. 150/-**

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

CANDIDATE TO FURNISH ALL THE REQUIRED PARTICULARS BELOW IN CAPITAL LETTERS

Candidate to tick (✓) any one of the appropriate boxes  
for Tuition Fee Concession - (Refer to Page No. 35)

Women Candidate  Defence Personnel   
University of Madras Graduate  Police   
Differently Abled  Teacher  Press & Media

Name of the Course applied for I / II		Main Subject		Medium (Tick ✓)
				TAMIL <input type="checkbox"/> ENGLISH <input type="checkbox"/>

PERSONAL CONTACT PROGRAMME CENTRE

Centre Code				Place	
-------------	--	--	--	-------	--

STUDY CENTRE/SPOT ADMISSION CENTRE AT WHICH ADMISSION IS MADE

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. 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)					
B.A/B.Sc/B.com 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)					

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 in .....Main 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**  
**POSTGRADUATE COURSES 2012-2013 / 2013**

1. Course to which admission is sought																													
M.A. <input type="checkbox"/>					M.Music <input type="checkbox"/>					M.Com. <input type="checkbox"/>					M.Sc. <input type="checkbox"/>														
2. Main Subject chosen																													
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
3. ENROLMENT NUMBER (to be assigned by the office)																													
Academic Year 2012-2013					A	1	2																						
Calendar Year 2013					C	1	3																						
4. Name of the Candidate (Write in Capital Letters) (a) in English (b) in the Regional Language																													
(a)																													
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(b)																													
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5. Name of Father / Guardian / Husband (Write in Capital Letters) – as per entry in the Transfer Certificate																													
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6. Mother's Name (Write in Capital Letters)																													
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7. Date of Birth										8. Sex		Male <input type="checkbox"/>			Female <input type="checkbox"/>														
Date		Month		Year																									
9. Address for communication (do not write your name here)																													
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
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City										Pincode																			
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Phone					Mobile					E-Mail																			

10. Medium of instruction opted		English <input type="checkbox"/>	Tamil <input type="checkbox"/>																				
11. Nationality	Indian <input type="checkbox"/>	Others <input type="checkbox"/>	12. Region																				
			Urban <input type="checkbox"/>																				
			Rural <input type="checkbox"/>																				
13. Religion	<table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14. Caste	<table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>			<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"/>	<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"/>	<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. Community		SC <input type="checkbox"/>	ST <input type="checkbox"/>																				
		MBC <input type="checkbox"/>	BC <input type="checkbox"/>																				
		OC <input type="checkbox"/>																					
16. Physically challenged		YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
17. Are you employed ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>																				
18. Centre at which you propose to attend the Personal Contact Programme classes		Name																					
		Code No.	<input type="text"/>																				
19. Centre at which you propose to collect the study materials (Refer Page No. 39 - 47)		Name																					
		Code No.	<input type="text"/>																				
20. Are you a ward of a Defence Service Personnel ? (Army / Navy / Air Force)		Yes <input type="checkbox"/>	Category																				
		No <input type="checkbox"/>																					
21. Are you a ward of an Ex-service person ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
22. Tuition Fee Concession Opted ? (Candidate to tick (✓) any one of the appropriate boxes - Refer Page No. 35)		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"/>																					

**Admission of Candidates from Other States**

- 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.

**Affix  
Passport Size  
Photo**

*Not to be attested*

**Station :**

**Date :**

**Signature of the Candidate**

**ADDRESS SLIP  
POSTGRADUATE COURSES**

**Academic Year 2012 - 2013**

<b>A</b>	<b>1</b>	<b>2</b>												
----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--

**Calendar Year 2013**

<b>C</b>	<b>1</b>	<b>3</b>												
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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 by Postal Service

**USE BALL POINT PEN ONLY. WRITE IN CAPITAL LETTERS**

Name : .....

.....

Address : .....

.....

.....

.....

PIN 

--	--	--	--	--	--

Name : .....

.....

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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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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PIN 

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**FOR OFFICE USE ONLY**

**PG-Degree**

1. Provisional Admission may be given to Second/Third year
2. Exemption of the following papers may be given to the candidate in which already appeared and passed

Core Courses-Main & Allied subjects

First year :

Second year :

Third Year :

3. The candidate has to appear for the following papers as prescribed in the prospectus for the year 20 - 20 as per the decision of Chairman BOS

Core Courses-Main & Allied subjects

First year :

Second year :

Third Year :

4. Rs.500/- may be collected from the candidate towards the fee for Readmission.
5. Rs.750/- may be collected from the candidate towards the fee for Transfer from other University.
6. Rs.100/- may be collected from the candidate towards the fee for exemption
7. May be considered/May not be considered for classification
8. PCP schedule may be sent along with admission intimation
9. Remarks if any:

Asst/ASO (Admn)

Section Officer (Admn)

Assistant Registrar (UG/PG/LSS)

Thro Eligibility Section

..... may be approved

Asst/ASO(ES)

SO(ES)

Asst.Regr(Genl)

D.R.(Admn)

DIRECTOR



<b>BANK COPY</b>	
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN	
IDE FEE COLLECTION ACCOUNT NUMBER	
INDIAN BANK	<b>783493481</b>
IOB	<b>179101000001791</b>
Branch : ..... Date : .....	
Student's Name	
Enrl. Number	
Course of Study	
Year	
I / II / III	
Course Subject	
Fee Code	Particulars
<b>A</b>	Registration Fee
<b>B</b>	Tuition Fee
<b>C</b>	Examination Fee
<b>D</b>	Consolidated Mark Statement Fee
	Duplicate Mark Statement Fee
	Provisional Certificate Fee
<b>D</b>	Convocation Fee
	Migration Certificate Fee
<b>E</b>	Verification of Certificate Fee
	Other Fee ( <b>Please Specify</b> )
<b>Total</b>	
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 <b>Rs.</b>	
Seal / Date	Authorised Signatory
Note : Separate Challan should be used for each type of payment	

<b>IDE COPY</b>	
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN	
IDE FEE COLLECTION ACCOUNT NUMBER	
INDIAN BANK	<b>783493481</b>
IOB	<b>179101000001791</b>
Branch : ..... Date : .....	
Student's Name	
Enrl. Number	
Course of Study	
Year	
I / II / III	
Course Subject	
Fee Code	Particulars
<b>A</b>	Registration Fee
<b>B</b>	Tuition Fee
<b>C</b>	Examination Fee
<b>D</b>	Consolidated Mark Statement Fee
	Duplicate Mark Statement Fee
	Provisional Certificate Fee
<b>D</b>	Convocation Fee
	Migration Certificate Fee
<b>E</b>	Verification of Certificate Fee
	Other Fee ( <b>Please Specify</b> )
<b>Total</b>	
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 <b>Rs.</b>	
Seal / Date	Authorised Signatory
Note : Separate Challan should be used for each type of payment	

<b>STUDENT COPY</b>	
UNIVERSITY OF MADRAS INSTITUTE OF DISTANCE EDUCATION CHENNAI - 600 005. FEE PAYMENT CHALLAN	
IDE FEE COLLECTION ACCOUNT NUMBER	
INDIAN BANK	<b>783493481</b>
IOB	<b>179101000001791</b>
Branch : ..... Date : .....	
Student's Name	
Enrl. Number	
Course of Study	
Year	
I / II / III	
Course Subject	
Fee Code	Particulars
<b>A</b>	Registration Fee
<b>B</b>	Tuition Fee
<b>C</b>	Examination Fee
<b>D</b>	Consolidated Mark Statement Fee
	Duplicate Mark Statement Fee
	Provisional Certificate Fee
<b>D</b>	Convocation Fee
	Migration Certificate Fee
<b>E</b>	Verification of Certificate Fee
	Other Fee ( <b>Please Specify</b> )
<b>Total</b>	
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 <b>Rs.</b>	
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 முடிவும் 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	