VINAYAKA MISSIONS UNIVERSITY

(Established Under Section 3 of the UGC Act, 1956)

Directorate of Distance Education

(Approved by Distance Education Council, IGNOU, New Delhi) Sankari Main Road (NH-47), Ariyanoor, Salem, Tamilnadu, India.

APPLICATION FORM FOR ADMISSION

Admn. Appln. No.

Affix your recent
Passport size Photograph

duly signed by the

candidate and attested by

the Co-ordinator at the information center

(Write in CAPITAL letters only)

Enrollment No : (For Office use only)	Do not Pin or Staple
Academic year	
Course and Specialty Applied for	
Year Applied	
Name of the Study Centre	
1. Name of the Applicant as in the Birth Certificate or Marks card of Standard X Exam.	
2. Father's Name	
3. Sex: Male Female 4. Date of Birth & Age: Date Month Ye	ear Age
5. a) Personal Marks of Identification : b) Blood Group :	
1)	
2)	
6. Address for Correspondence (do not repeat name)	
City State Pip Code :	
City State Pin Code :	
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	e)	State:						1	f) Regio	on: R	tural U	Jrban	
9.	Det	ails of Ed	ucation	al Quali	fications	(From X S	Standard or	nwards)					
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a)	Name of the Bank		
b)	DD Number		
c)	DD Date Date Month Year		
d)	Amount Rs		
	Rupees (in words)		
	DECLARATION		
	ect, at any stage I agreed to forego the claim for admis		Signature of the Applic
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Signature of the Candidate