

Sr. No. _____

DDE Ref.No. _____

(To be assigned by the office)

DIRECTORATE OF DISTANCE EDUCATION
KURUKSHETRA UNIVERSITY KURUKSHETRA
ADMISSION FORM (Session 2017-18)

FORM 'A'

Note :- 1. Candidates are advised to submit attested copies of marks sheet/certificate of qualifying exam, affidavit in lieu of Migration Certificate on the format (page-34) with their forms for checking of their admission eligibility.

2. The candidate must mention his/her Name, Father's Name, Address, Class on the back side, Left Corner of the Bank Drafts, failing which the Directorate shall not be responsible for the loss of Bank Drafts.

APPLICATION FORM FOR ADMISSION TO _____ **Part** _____ (1st, 2nd, 3rd)^{*}

Bank Draft No. _____ Dated _____

Amount Rs. _____

Name of Issuing Bank: _____

Details of Fee Deposited by Bank Voucher: _____

For Office Use

DDE Fee Receipt No. & Date _____	
Fee Clerk _____	Fee Asstt. _____

Affix with gum
your latest
Passport size
Photograph duly
ATTESTED

Signature of the candidate

1. Name (**INBLOCK LETTERS**) _____ 2. Date of Birth: _____

3. Father's Name _____ 4. Mother's Name _____

4(a). K.U. Regn. No. _____ 4(b). Have you been issued Migration Certificate from K.U.? **Yes/No***
(if already registered with K.U.K.) (If Yes, affidavit as ANNEXURE at page - 34 must be submitted)

5. Indian/Foreigner* Haryana Resident/Other State* Gen/SC/ST/BC-A/BC-B/TG/DA/ESM/FF/Blind*

If Foreigner, Name of the Country _____ Urban/Rural* _____ Sex (M/F/ Transgender)* _____

6. Postal Address _____

_____ Block _____ District _____ State _____

Pin _____ Phone _____ Fax _____ E-Mail _____

7. Are you simultaneously appearing in any other examination? If so, indicate: Class/Exam. _____

Full Paper/Compt./Improvement _____ Exam Date _____

Number of Papers _____ University/Board _____

8. Aadhar Number: _____

9. Session of joining 1st year of the course _____

10. Self/Ward/Spouse of KU regular employee*

11. Educational Qualifications

Examinations	Board/ University	Roll No.	Year of Passing	Subjects	Marks obtd.	%age of marks
Matric/Hr. Sec.						
10+2						
B.A./ B.Com/ B.Sc./ BBA/ BIM/ BCA, etc.	I					
	II					
	III					
M.A./ M.Sc./ M.Com. etc.	I					
	II					
Any other Exam						
Last exam appeared/ Passed						

*Tick whichever is applicable.

11. Have you ever been disqualified or debarred from appearing in any examination? Yes/No
If so, give particulars:
University/Board _____ Year: _____ Class: _____ Roll No. _____

12. Medium of instruction for PGDT (H/E)/PG Dip. in JMC/MA(Mass Communication): **ENGLISH** **HINDI**

13. Subjects offered (See Section-IX of the Prospectus)

Compulsory Subjects/Papers

Optional Subjects/Papers

Sr. No.	Paper's Name	Paper Code	Sr. No.	Paper's Name	Paper Code
1			1		
2			2		
3			3		
4			4		
5			5		

14. Documents attached (See Section I, Cl. 19, Pages 3-5 of the Prospectus)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

DECLARATION

I declare that I have carefully read the instructions/rules and regulations contained in the Prospectus and I shall abide by the same strictly. The entries made by me in this form are correct to the best of my knowledge and nothing has been concealed therein. In the event of any information found incorrect, or violation of any rule of the Directorate, my candidature shall be liable to be cancelled at any time without any notice and I shall not be entitled to refund of any fee paid by me. I am fully aware of the law regarding ragging as well as the punishment and that if found guilty on this account, I am liable to be punished appropriately. I undertake that I shall not indulge in any act of ragging.

Place _____

Countersigned

Date _____

Father/Guardian

Signature of the Candidate

FOR OFFICE USE

(i) **ELIGIBLE: Yes/Not** because _____

(ii) **Documents wanting and discrepancy** if any: _____

(iii) **Candidature cancelled due to non submission of** _____

Clerk(DE)

Asstt.(DE)

Supdt.(DE)

DR/AR(DE)

**DIRECTORATE OF DISTANCE EDUCATION
KURUKSHETRA UNIVERSITY KURUKSHETRA
COMPUTER FORM (Session 2017-18)**

FORM 'B'

Date of Receipt _____ DDE Ref No. _____

Important: To be filled by the candidate in his/her own handwriting clearly (To be filled in by the office)

Aadhar Number: _____ **(IN BLOCK LETTERS AND IN ENGLISH ONLY)**

Space for affixing
**Unattested
Photograph**
of the
candidate

Name of the Courses: _____ Part/Year of the Course: _____ (1st/2nd/3rd)

Name _____

Father's Name _____

Mother's Name _____

Date of Birth _____ KU Regn. No. _____

Qualifying Examination Passed _____ Last Exam. Passed _____
(University/Board) _____ (University/Board) _____

Indian/Foreigner* Haryana Resident/Other States*

If Foreigner, name of country _____ Urban/Rural Sex (M/F/TG)*

Self/Ward/Spouse of KU regular employee _____

Category*	Gen	SC	ST	BC-A	BC-B	DA	ESM	FF	BLIND	Mention category and code here
Code*	1	2	3	4	5	6	7	8	9	

Postal Address

(Name/Father's Name may not be mentioned here) (leave one box blank after each entry)

District
State
Mob. No.
E-mail:

Amount Remitted (Rs) _____ By Bank Draft/Fee Voucher _____

Subjects Offered: (Three Digit code No. given in the Prospectus against the subject must be indicated):

COMPULSORY PAPERS			OPTIONAL PAPERS		
Sr. No.	Paper's Name	Paper Code	Sr. No.	Paper's Name	Paper Code
1			1		
2			2		
3			3		
4			4		
5			5		

Examination Centre 1 _____ 2. _____

Medium of instruction for PGDT (H/E)/PG Dip. in JMC/MA (Mass Communication): ENGLISH HINDI

Documents Attached (Please tick whichever attached)

() Matric () 10+2 () B.A./B.Sc./B.Com* () M.A./M.Sc./M.Com.* () Migration Certificate or Affidavit
() SC/ST Certificate () BC/EBPG/DA/FF/Blind () Residence Certificate () Employment Certificate () Any Other _____

Date:

***Write in the relevant column whichever is applicable**

Signature of the Candidate

To be filled "ONLINE" only



Student Profile

Sonal Your IP : 178.62.53.199 | Expire In : 27:24 Min Student Type : Waiting

STUDENT PERSONAL DETAILS

1. STUDENT FULL NAME * (as per matriculation certificate) SONAL	2. FATHER NAME * SHRI M S MALIK	
3. MOTHER NAME * SMT KAVITA MALIK	4. SPOUSE NAME SHRI/SMT SPOUSE NAME	
5. DATE OF BIRTH * 05-MAR-1982	6. GENDER * FEMALE	7. MARITAL STATUS * -MARITAL STATUS-
8. EMAIL ID * MSMALIKMONU@GMAIL.COM	9. CATEGORY * -----SELECT CATEGORY-----	10. RESIDENCE AREA TYPE * -----SELECT AREA TYPE-----
11. MOBILE NO * +91 8901309873	12. AADHAAR NO * - - -	

CORRESPONDENCE ADDRESS

13. FULL ADDRESS *	14. STATE * -----SELECT STATE-----		
15. DISTRICT * ENTER DISTRICT NAME	16. CITY/TEHSIL CITY / TEHSIL	17. PIN CODE * PIN CODE	18. MOBILE NO +91 MOBILE NO
<input type="checkbox"/> PERMANENT ADDRESS IS SAME AS CORRESPONDENCE ADDRESS			

PERMANENT ADDRESS

19. FULL ADDRESS *	20. STATE * -----SELECT STATE-----		
21. DISTRICT * ENTER DISTRICT NAME	22. CITY/TEHSIL CITY / TEHSIL	23. PIN CODE * PIN CODE	24. MOBILE NO +91 MOBILE NO

ENTER DISTRICT NAME	CITY / TEHSIL	PIN CODE	+91	MOBILE NO
<input type="checkbox"/> PERMANENT ADDRESS IS SAME AS CORRESPONDENCE ADDRESS				
19. FULL ADDRESS *	20. STATE * -----SELECT STATE-----			
21. DISTRICT * ENTER DISTRICT NAME	22. CITY/TEHSIL CITY / TEHSIL	23. PIN CODE * PIN CODE	24. MOBILE NO +91 MOBILE NO	
25. PHOTO (WH : 100 X 100) *	26. SIGNATURE (WH : 100 X 100) *	27. THUMB (WH : 100 X 100) *		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Choose File No ...sen	Choose File No ...sen	Choose File No ...sen		



Student Profile

Sonal

Your IP : 178.62.53.199 | Expire In : 22:20 Min

Student Type : Waiting

Student Personal Details

Examination Details

Application Status

Change Password

Sign Out

EXAMINATION DETAILS

TOTAL GENERATED FORM : 0

1. STATE TO WHICH YOU BELONG:

2. STUDENT TYPE: REGULAR PRIVATE DDE

3. COLLEGE / DEPARTMENT NAME:

4. CAPACITY FOR APPEARING:

5. SESSION:

6. K.U. REGISTRATION:

7. COLLEGE ROLL NO:

8. EXAMINATION ROLL NO:

ROLL NO. WILL BE ALLOTTED BY THE UNIVERSITY

9. CATEGORY:

10. ANNUAL / SEMESTER:

11. CLASS:

12. SEMESTER / YEAR:

13. EXAMINATION TYPE:

MAX NO OF SUBJECTS:

TOTAL COMPULSORY SUBJECTS:

TOTAL ELECTIVE SUBJECTS:

TOTAL FIXED SUBJECTS:

14. SUBJECT DETAILS

NOTE :- Subject offered (alongwith Subject Code of Papers)

S. No	Subject Code	Subject Name	Select Option
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15. CHOICE OF CENTRE

CENTRE (I):

CENTRE (II):

CENTRE (III):

16. Blind or Deaf Or Permanently Disabled From Writing With His/Her Hands

17. LAST QUALIFYING EXAMINATION

Particular of previous Examination(s) on the basis of which applying for the present examination and proof be attached. The Re-appear/Compartment student must fill up the columns for each availed chance Session wise.

Name Of Exam	Year/Session	Roll No	University/Board	Marks Obtained	Max. Marks	Result
EXAM NAME	YEAR/SESSION	ROLL NO	UNIVERSITY/BO	MARKS OBTAINI	MAX MARKS	-Select-

(Candidate who passed their qualifying exams from any other University/Board will have to submit their Migration Certificate upto 28 February of the year. After that the candidate can appear in the exams provided that he/she furnish an affidavit with late fees of Rs. 400/- duly verified by the first Class Magistrate that he/she is not appearing in any other exams simultaneously from any other University)

Course Status

Not Declare!

Application Status

Not Declare!

Save Application