Roll No:

INSTITUTE OF DISTANCE AND OPEN LEARNING GAUHATI UNIVERSITY

Gopinath Bardoloi Nagar: Guwahati-14

APPLICATION FORM

1.	Name of the applicant :						
	(In block letters only)						
	<u> </u>						
2.	Name of Parent/Husband :						
3.	Date of Birth: DD MM	4. Natio	onality		5. State of Domicile		
·	GU Registration Number : (if already registered in GU)				of		
'.	Permanent Address:	C/O					
	Village/To	own					
	F	2.0.					
		P.S.					
	Dist	rict			State		
	Pin C						
	T III C	ouc					
8.	Address for correspondence :	C/O					
	Village/To	own					
	F	2.0.					
	Distr	rict			State		
	Pin C	ode					
	Contact No. (Mobile) E-mail :						
•	Preference of examination centre:						
0.	Contact centre/Study centre :						
1.	Category: (Please Tick)	SC/ST/OBC/M	OBC/Gener	ral 12	2. Sex: (Please	Tick) M F	
3. A	cademic Records (Only qualifying	g examination)	:				
	Examination passed U	University	Subje	ect offered		Year of passing	

DECLARATION BY THE CANDIDATE

I declare that the particulars given above are correct. I fully understand that my admission will stand cancelled if it is discovered at any stage that I do not fulfill the eligibility conditions and any information supplied by me is found to be false. I agree to abide by the rules and regulations of IDOL, GU. I further declare that I shall submit to the discipline under the Act, the regulations and rules that have been framed thereunder by the University.

Date: Full signature of the applicant

Enclosures:

- 1. Application form duly filled in.
- 2. Two copies of Passport size photographs, signed by the candidate.
- 3. Attested copies of degree marksheets.
- 4. Attested copy of G.U. Registration certificate (for a student of G.U.)

Please Note:

While filling text in boxes, please leave one box blank between each word.