

ALAGAPPA UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
KARAIKUDI – 630004

Date: _____

Please tick the appropriate box

S.No	Particulars	Details of Enclosures
1.	Change of Learning Centre	Demand Draft for Rs.500/-
2.	Change of address	Demand Draft for Rs.100/-
3.	Change of Programme	Demand Draft for Rs.1000/- (eligible for 2 months from date of admission)
4.	Change of Medium	Demand Draft for Rs.500/-
5.	Change of Option/Electives	Demand Draft for Rs.500/-
6.	Change of Language	Demand Draft for Rs.500/- (eligible for 2 months from date of admission)
7.	Change of Name/Initial	Demand Draft for Rs.100/- (+2, UG Provisional Certificate Xerox Copy/Govt. Gazette Original, Affidavit)

Change of Option/Electives/Programme/Medium/Learning Centre

From _____ To _____

Name of the Candidate : _____

Enrollment/Register No : _____

Name of the Course : _____

(For Change of Address)

EXISTING ADDRESS:

NEW ADDRESS TO BE CHANGED

Phone No: _____ Mobile No: _____ Email ID : _____
(with STD Code)

It is solemnly declared that the information furnished above are true to the best of my knowledge. If any of these are found incorrect at any point of time, I shall be liable for action as per rules of the University.

Signature of the candidate

Enclosure:

DD No: _____ Date: _____ Amount Rs: _____ Bank: _____

Note: DD must be drawn in favour of The Director, DDE Alagappa University Payable at Karaikudi.