

ALAGAPPA UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
KARAIKUDI – 630004

Please tick the appropriate:

Date: _____

S.No	Particulars	Details of Enclosures
1	II / III Year Course Fees	Required DD
2	Duplicate ID Card	Demand Draft for Rs.200/-, Photo
3	No Dues Certificate	ID Card Xerox Copy
4	Extra Books	Required DD

Name of the Candidate : _____

Father Name : _____

Enrolment No & Course Name : _____

Date of Birth : _____

Present Address : _____

Pin code: _____

Phone No: _____
(with STD Code)

Mobile No: _____
Email ID : _____

It is solemnly declared that the information furnished above is 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:

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

Note: DD must be drawn in favour of “**THE DIRECTOR, DDE, ALAGAPPA UNIVERSITY** Payable at Karaikudi.”