

**Directorate of Open and Distance Learning  
JAMIA HAMDARD, NEW DELHI**

**APPLICATION FORM  
(Please tick appropriate box)**

For Course Promotion (Student who have been promoted)

For Re-registration (Student who have gap period)

Academic year: \_\_\_\_\_

|                           |   |  |                            |              |
|---------------------------|---|--|----------------------------|--------------|
| S. No.                    |   |  |                            | Photograph   |
| 1                         | Name of Student   |  |                            |              |
| 2                         | Father's Name   |  |                            |              |
| 3                         | Enrolment No.   |  |                            |              |
| 4                         | Study Centre Name :   |  |                            |              |
| 5                         | Study Centre Code :   |  |                            |              |
| 6                         | Course Name (Mentioned year of the course i.e. BCA/BBA II or III year): Course Code   |  |                            |              |
| 7                         | FEE DETAILS<br>(Please enclose the Demand Draft)  | Draft No. & Date   | BANK                       | TOTAL AMOUNT |
| 8                         | COMPLETE ADDRESS FOR CORRESPONDENCE   |  |                            |              |
|                           | Email ..... Phone / Cell No.....  |  |                            |              |
| 9                         | DECLARATION   |  |                            |              |
|                           | a.  | I hereby certify that all the particulars in this application are true to the best of my knowledge and belief. In the even of the suppression or distortion of any fact made in my application form, I understand that my admission is liable to be cancelled. |                            |              |
|                           | b.  | I understand that university has the right to add/deleted/change the syllabi, course structure, rules and regulation as and when required, as per change in environment.   |                            |              |
|                           | c.  | I have paid all fees as prescribed including examination fee and I understand that FEES once paid will NOT be refunded.  |                            |              |
|                           | d.  | I will not apply for change of study centre.   |                            |              |
|                           |   | Place:   | Signature of the candidate |              |
|                           |   | Date:  |                            |              |
| FOR STUDY CENTRE USE ONLY |   |  |                            |              |
|                           | I CERTIFY THAT THIS APPLICANT FULFILLS ALL THE ELIGIBILITY CRITERIA FOR COURSE PROMOTION/RE-REGISTRATION TO THE COURSE TO THE BEST OF MY KNOWLEDGE. HE/SHE HAS PAID ALL FEES INCLUDING EXAMINATION FEE. |  |                            |              |
|                           | Centre Code..... Telephone No..... Signature with Seal.....   |  |                            |              |

