

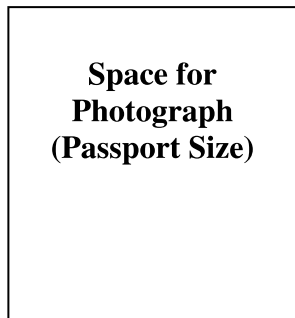
Amity School of Distance Learning (ASoDL)

Amity Campus, Sector -44, Noida-201 303 (U.P)

Tel. :-0120-5391111, Tele Fax 0120- 2432875

E-Mail :-admission@asodl.amity.edu

STUDENT ENROLLMENT FORMSESSION



Study Centre Code : _____

Programme Enrolled : _____

Course Code : _____

Full Name of Student : _____

(In Block Letters)

(Last Name)

(Middle Name)

(First Name)

Sex : Male

Female

Father's Name : _____

Date of Birth :

Date

Month

Year

Mailing Address : _____

Tel No. : (Res.) _____ (Off.) _____

(Mob.) _____ E-Mail _____

Employment History (Of last 5 years, if applicable)

Name & Address of Organisation	Designation	From	To

Student Category: I - General II-Armed Forces III-CPF(BSF/CRPF/ITBP/SSB CISF/ASSAM RIFLES/NSG)

IV- War Widows V- Gallantry Awardees*

(* To be supported by testimonials)

To be filled by Armed Forces /C P Fs Personnel only

Service Number.....

Rank/Cadre/Designation

Name

Date of Commission/Enrollment:.....

Date of Retirement/Likely Date of Retirement.....

Details of Educational and Professional Qualification (From X Standard onwards) :

Name of Qualifying Exam	Year of Passing	School/College/ University/Board	Subjects	% of Marks
X				
XII				
Graduation				
Post Graduation				
Others				

UNDERTAKING:

I solemnly affirm that the above information made and furnished by me is true and correct. Further, I am being admitted to the above stated Programme entirely on my request and I agree to abide by all the rules and regulations of ASoDL. In the event of suppression or distortion of any fact like educational qualification, nationality etc, made in the Enrolment Form, I understand that my admission is liable for cancellation.

Date: _____

(Signature of Student)

Place : _____

Particulars Verified

Signature : _____
(ASoDL Co-ordinator)

Office Seal

Name / Designation _____

FOR ASoDL USE ONLY

FEE DETAILS

I am remitting an amount of Rs.1000/- as the non-refundable processing fee along with this Application Form. The details are as under:

Mode of Payment: Cash (Only for walk-in –submission at an ASoDL Centre)

DD No.----- DD Date ----- Bank Name-----

Admission Fee (Rs.-----/- paid by DD No. -----Dated -----of ----

-----Bank)in favour of Amity School of Distance Learning, payable at Delhi / Noida.

Date:-----

Place:-----

Signature

Students Enrolled / Not Enrolled

(i) Enrollment No. Allotted

Asst.Director/Programme Co-ordinator-ASoDL