International Centre for Distance Education and Open Learning Himachal Pradesh University, Summer Hill, Shimla-5

ADMISSION RENEWAL FORM FOR II/III/IV SEMESTER FOR M.A./ M.Com./M.A., M.Sc. (Maths)

ACADEMIC S	SESSION	201	TC)
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	•	Semester	ICDEOL Roll No				
N	B.D./IPOs 2. Incomplete candidate complete f 3. Appearance 4. No admiss	drawn in favour of the Director, ICD e application form shall not be ente for its completion. The prescribed form shall be payable by the candidate in III Semester is compulsory for	rtained. Incomplete form shall be returned to the late fee applicable as on the date of receipt of ate.				
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3.	Name of the	Name of the Candidate (in block letters)					
4.	Father's Nam	Father's Name					
5.	Corresponde	Correspondence Address					
	·						
	Phone No	1.Mobile	2. Landline				
6.							
	DECLARATION						
2.	and that nothing has been concealed by me and I also solemnly affirm that I appeared in M.A./M.Com./M.Sc. (Maths) and MBA III Semester examination which is compulsory for IV Semester admission. I further declare that I am not pursuing simultaneously any other course of study from the H.P. University or any other Institution/University in any capacity. I solemnly affirm that I will abide by all the regulations etc. and will not do anything against the interests of the ICDEOL or the H.P. University. I further solemnly declare and affirm that no case of the use of unfair means in the examination is pending against me and that I have not been disqualified for any use of unfair means or rusticated or expelled from the H.P. University or any other University/Institution.						
Dated			Signature of the Candidate				
	ICDEOL R	oll No	ICDEOL Roll No				
	(To be	e filled by the candidate)	(To be filled by the candidate)				
			Name				
	Address		Address				
	Pin Code		Pin Code				