

Test Score |

Pl. attach Score Card

FORM NO. _____

VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

Rawatbhata Road, Kota - 324 021 (Raj.)

APPLICATION FOR ADMISSION IN MANAGEMENT PROGRAMME

To be filled by the student in CAPITAL letters only. Complete form with copies of certificates should be sent to the Regional Centre concerned so as to reach on or before last date notified by the University.

**Affix latest
passport size
photograph
duly attested by
the candidate**

1. Programme Code (See Programme Structure)

2. (a) Study Centre Code : (b) Regional Centre Code :

3. Scholar No. (if already registered in VMOU)

4. Name M./Ms.

(Use Capital Letters)

5(a) Father's Name _____ (b) Mother's Name _____

6. Postal Address (Use Capital Letters) _____

_____ Pin Code _____

7. Date of Birth
Days Month Year

8. Educational Qualification

(a) 10+2 or its equivalent : Year Passed % of marks

Name of Board Year Passed % of marks

(b) Graduate or equivalent Year Passed % of marks

University Year Passed % of marks

(c) Post-graduate or equivalent Year Passed % of marks

(d) Any other Year Passed % of marks

(b) State of Residence

9. (a) Nationality

10. General Information (Please tick (✓))

11. Sex : Male ☐ Female ☐

12. Category : General ☐ SC ☐ ST ☐ OBC ☐ Physically ☐
SBC ☐ Handicapped ☐

13. Background : Urban ☐ Rural ☐ Tribal ☐

14. Status : Married ☐ Unmarried ☐ Widow ☐ Divorcee/Seperated ☐

15. Service : Ex-Serviceman ☐ War Widow ☐

16. Employment : Employed ☐ Unemployed ☐ VMOU Regular Employee ☐

(attach certificate)

* For use by Regional Centre Office

Eligible

Not Eligible

Signature of Director
(Regional Centre)

DECLARATION BY THE APPLICANT

I, hereby, declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information which on being found incorrect and misleading my candidature shall be liable for cancellation by the university at any time and I shall not be entitled to refund of any fee paid by me to the University.

Place :

Date : **Signature of the Candidate**

EXPERIENCE CERTIFICATE

This is to certify that Mr./Ms. _____ is a bachelor's degree holder as per our record and employed with this organisation since _____ and has more than three years of Supervisory/Management/ Professional experience. In all _____ (number) persons have been working under his / her supervision.

Place _____

Date _____

Signature _____

Name _____

Designation _____

SEAL

(Self employed professionals may certify on their own behalf but they should attach attested copies of their Registration Certificate).

CATEGORY CERTIFICATE (For SC / ST Candidates)

This is to certify that Mr./Ms. _____ son / daughter of Shri _____ Village _____ Town _____ Distt. _____ State / U.T. _____ belongs to _____ Caste which is recognised as Scheduled Caste / Scheduled Tribe under the Consitution (Scheduled Caste part C States) Order 1951 (read with the SC/ST lists (Modification) Order, 1956).

Mr./Ms. _____ and his/her family reside in Village / Town _____

District _____ State / U.T. _____

Signature of Tahsildar/Commissioner/District Magistrate

Place : _____ Name : _____

Date : _____ Seal / Stamp _____
(18)

FORM NO. _____

VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

Regional Centre _____

PERMISSION LETTER

Name :
Address :

Programme Code :

Photo of the
applicant duly signed
by the applicant and
attested by Director,
Regional Centre

The candidate is allowed to appear in the Management Entrance Test to be held as under:
(for office).

Time : _____
Date : _____
Centre : _____
Control No. : _____

Signature of the Candidate at the Test Centre

Director, Regional Centre

FORM NO. _____

VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

Regional Centre _____

PERMISSION LETTER

(To be issued to the Applicant)

Name :
Address :

Programme Code :

Photo of the
applicant duly signed
by the applicant and
attested by Director,
Regional Centre

The candidate is allowed to appear in the Management Entrance Test to be held as under:
(for office).

Time : _____
Date : _____
Centre : _____
Control No. : _____

Signature of the Candidate at the Test Centre

Director, Regional Centre

INSTRUCTIONS :

1. This letter should be produced on demand at the Examination Centre or any other Establishment of VMOU to use its facilities.
2. Duplicate Permission Letter will be issued by the Regional Director.
3. Loss of Letter is to be reported to the Authority after completion of the Test.
4. The letter is to be handed after the Test to Vardhaman Mahaveer Open University officials.