

Note: Please Include Prescribed Cost of Form While Sending This Internet Downloaded Form
International Centre for Distance Education and Open Learning
Himachal Pradesh University, Summer Hill, Shimla-5

LIBRARY MEMBERSHIP FORM

The Deputy Librarian,
ICDEOL Library,
H.P. University, Shimla-5

Sir,

I have gone through the library rules and undertake to observe the same during studentship with the ICDEOL, Himachal Pradesh, University, Shimla-5.

I hereby remit a sum of Rs as library security by bank draft/
IPO's NOdated in favour of Director, ICDEOL, Shimla-5
or vide cash receipt No.....

My Particulars are as under:

- a) Name in Full (capital letters) Mr./Ms.....
- b) Father's Name
- c) Registration No. Class
- d) Subject..... Semester.....
- e) State if admitted direct to IInd semester, yes/No.....
- f) ICDEOL Roll No
- g) Correspondence address (capital letters)
.....
.....Pin Code.....
- h) Permanent address (capital letters)
.....
..... Pin Code.....

I enclose herewith my two passport size photographs alongwith membership form duly attested by
..... Designation.....

Address

I pledge that I will not misuse the library facilities and in case of any default, I shall be liable to pay the penalty imposed by the Director..

It is certified that I am not employed. However the official address of my parents/guardian is given as under

Name Relation.....

Official AddressPin Code.....

It is certified that I am employed in govt./public sector/private concern as
(designation) official address

I may therefore. be enrolled as a local/outstation member of the library.

Yours faithfully,

Dated.....

Signature of the Candidate

FOR OFFICE USE

The particulars of Mr./Ms.
Class.....SubjectICDEOL Roll No.....
Semesterhave been verified from the relevant
admission record of the student and are correct. He/She is a bonafied student of the ICDEOL. Necessary "no dues
certificate" will be obtained from the library at the time of migration/final examination/termination of connection by
the student from ICDEOL.

Dealing Asstt.

Section Officer

Deputy. Registrar ICDEOL

FOR LIBRARY USE

Library membership enrolment form of Mr./Ms.....
is in order. The requisite security amount. (Rs Rupees)
only has been paid by the applicant and necessary entry made in the library security register at
Sr. No datedand he/she is enrolled as local/outstation member
of the library under borrower no

Signature of Circulation Asstt.

Deputy. Librarian
ICDEOL Library
H.P. University Shimla-5

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

MEMBERSHIP FORM FOR STUDENTS

Please enroll me as member of the ICDEOL library, I promise to obey all its rules:

Full Name (Block Letters)

Department..... Class..... Semester.....Roll No.....

Correspondence Address.....

.....

Father's/Guardian's Name and Permanent Address.....

.....

.....

Dated.....

Applicant's Full Signature

I recommend that the applicant be enrolled as a member of the ICDEOL Library. I undertake that the library security/detailed marks cards will not be released/ issued to him/her unless he/she produces clearances certificates from the library. The information furnished overleaf has been verified by my office.

Section Officer

AR/ DR ICDEOL

Office Stamp

Deputy Librarian

Incharge Circulation

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Borrower No

LIBRARY SECURITY REFUND-FORM

(Column NO.1 & 6 to be filled and signed by the student.)

(This form duly completed should be sent direct to the Deputy Librarian along with Pass-book-cum-Identity Card and original receipt of Library Security.)

1. Name of the applicant
Father's name
Class ICDEOL Roll No
Year/Session of joining the ICDEOL
I certify that nothing is due against my name and therefore, request that the amount of library security deposited by me vide ICDEOL receipt No dated Rs may kindly be refunded to me.

Dated Signature of the Student

2. Library Security deposited vide receipt No. dated
for Rs has been entered in the library security refund register at sr. No dated and verified for payment of Rs..... (Rupees) only
Nothing is due from the student.

Signature of Circulation Asstt.

Deputy. Librarian
ICDEOL Library, Shimla

FOR OFFICE USE

3. ACADEMIC BRANCH(ICDEOL)
Nothing is due from the student.

Signature of the Dealing Asstt

Signature of the Supdt./Section Officer

4. REFUND ALLOWED

Director (ICDEOL)

5. ACCOUNT BRANCH (ICDEOL)
Passed for payment of Rs..... (Rupees.....)
bill/voucher No cheque No date.....

Dealing Asstt.

Supdt./S.O.

Asstt./Dy. Registrar (ICDEOL)

6. **FOR STUDENT USE**

PRE-RECEIPT

Received a sum of Rs (Rupees.....only)
from the Director, ICDEOL, Shimla-5, on account of payment of Library security amount refund.

1. Student Name
2. Bank Account No.....
3. Bank Name
4. IFSC Code
5. Mobile No.

Signature of the Student

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

ICDEOL Roll No Exam. Roll No.....

**Application form for the supply of
Consolidated Marks Card/Provisional Certificate**

Incomplete form will not be entertained nor an interim query relating thereto will be replied

The Controller of Examinations
Himachal Pradesh University,
Shimla-171 005

Dear Sir,

I have passed..... Examination from the H. P. University, in the
month of yearI request you to kindly
supply me a consolidated marks card/provisional certificate. I am remitting prescribed fee
Rs.....through IPOs/DD drawn in favour of the **Finance Officer, Himachal
Pradesh University, Shimla-5.**

My particulars are as under:

1. Name of the candidate
(in block letters)
- 2.Father's name
- 3.Examination passed month Year.....
- 4.Examination RollNo.....marks obtained

Title of Course	Pass marks	Marks obtained	When passed
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

11.
12.
13.
14.
15.
16.

Address for dispatch of certificate _____

Dated..... Signature of the candidate

Particulars given above are verified and there is no objection for issuance of the desired detailed marks card/provisional certificate/consolidated marks card.

Director, ICDEOL

Dated.....(with office stamp)

FOR OFFICE USE

Particulars checked:

Consolidated marks card/provisional certificate/duplicate certificate bearing Sr No.
.....
Issued on

Dealing Asstt.

Supdt./S.O.

Note:

1. Please add prescribed cost for form while sending this Internet downloaded form.
2. The application form is to be submitted to the Director, ICDEOL for attestation and transmission to the Controller of Examinations.
3. The incomplete form will not be entertained nor an interim query relating thereto will be replied.
4. Separate form for each certificate with separate remittance of fee be submitted.
5. The DD/IPO's should be drawn in favour of the **Finance Officer, H.P. University, Shimla-171005.**
6. Form without proper fee and attestation will not be entertained.
6. One self-addressed envelope 10x23 cm is attached with the form.

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

**APPLICATION FORM
FOR THE DEGREE IN ABSENTIA**

The Controller of Examinations,
Himachal Pradesh University,
Shimla-171 005.
Sir

I intend to take my degree of..... in absentia and request that I may be admitted to the same. I am sending herewith an Indian Postal Order/Bank Draft worth Rs.or I have deposited Rs with the university cashier vide receipt No dated

My particulars are as under

1. Name of the applicant ((in capital English letters)
.....
(in Hindi).....
2. Father's Name ((in capital English letters)
(Hindi).....
(in capital letters)
3. Enrolment No
4. Exam. Roll No.
5. Examination passed year
6. Subject.....
7. ICDEOL Roll No SessionMonth.....
8. Permanent address
.....

Date

Signature of Applicant

Attestation by the Director, ICDEOL, H.P. University with official stamp.

Name and Designation with
Official stamp

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International Centre for Distance Education and Open Learning
Himachal Pradesh University, Summer Hill, Shimla-5
Summer-Hill, Shimla-171 005

FORM FOR RE-EVALUATION

ICDEOL Roll No.

Exam. Roll No......

Note:

1. This application form must be filled in by the candidate himself/herself.
2. The Re-evaluation form be sent to the **Asstt./Dy. Registrar, Re-evaluation, H.P.U. Shimla-5.**
3. Original result card must be enclosed with this form. IPO's/Bank draft should be drawn in favour of the **Finance Officer H.P. University, Shimla-5**
4. **Attach prescribed** Re-evaluation fee per paper including cost of form per paper.

1. Name of the candidate
(in block letters)
2. Father's name
(in block letter)
3. Name of the. examination
4. Examination Roll No. Year & Session.....
- 5

Subject Offered	Marks obtained
.....
.....
.....
.....
6. Particulars of the subject in which re-evaluation is sought:

Title of Paper	Paper/Course (with option)
.....
.....
.....
.....
7. Date of issuance of the mark-sheet by the university..... serial
No. of the mark-sheet..... which is enclosed
8. Amount of re-evaluation fee Rs
IPO's/Bank draft/cash receipt No dated.remitted/deposited.
9. Address for correspondence
.....
10. Specimen handwriting of the candidate
.....

Dated

Place.....

Signature of the candidate

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

S.No. H. P.U.
(To be left blank for office use)

**FORM FOR APPLYING FOR
INTER-UNIVERSITY MIGRATION CERTIFICATE/COPY OF ENTRIES FROM REGISTER OF
STUDENT**

Note:

- 1. Please Include Prescribed Form Cost While Sending This Application Form.**
- 2. To Be Sent To the Director, ICDEOL, HPU, Shimla-5**

1. Name of the applicant
2. Father's Name
3. Registration No
4. Particulars of last examination of this university he/she appeared/passed..
Examination : year
Session Roll No Result.....
5. Name of institution or district in case of private students. (From where the applicant appeared in the last examination)
6. Name of institution where the applicant is now studying.
7. Fee of Rs..... remitted by postal
Order/Bank Draft/cash receipt No dated
..... The Postal Order/Bank Draft should be crossed and drawn in favour of
the Finance Officer, Himachal Pradesh University, Shimla-5 and should be sent along with this
form under registered cover.
8. Address to which the certificate should be sent
.....
.....

Dated Signature of candidate

FOR OFFICE USE

Fee received vide university receipt No
Dated
Cashier

Particulars verified, May be sanctioned

**Dealing Clerk / Assistant
Supdt. /Section Officer
Sanctioned**

Asst. /Dy. Registrar

CERTIFICATE NO.1

For applicant who are on the rolls of the ICDEOL of the university or had left the **ICDEOL** without appearing in the university examination or whose names were struck off from the rolls or who have appeared in. examination.

Forwarded with the remarks that I have no objection to the issue of the university migration certificate to the applicant.

Director, ICDEOL

Dated

Official Stamp.....

CERTIFICATE NO II

(Affidavit to the sworn before a First Class Magistrate)

(For applicants who have lost the original migration certificate and require another one)

I solemnly declare that the migration certificate previously issued to me by the Registrar,
Himachal

Pradesh University, Shimla-5 has been lost to enable me to join the another university and I did not join any university on the basis of the same.

AttestedSignature of the applicant

Signature

Address

INSTRUCTIONS

1. All the required particulars should be carefully filled in by the applicant. The office will not be responsible for any delay in case the form is not complete in all respects.
2. Prescribed fee in the form of DD/IPO's should be **drawn in favour of the Finance Officer, H.P. University, Shimla-5.**
3. **Include Prescribed Form Cost While Sending This Application Form**

- Note:**
1. Migration Certificate to the students who have taken any examination from this university will be issued after declaration of their results.
 2. The certificate are usually issued within a fortnight of the receipt of the application form and fee provided that the application form is complete in all respect. No person shall be entitled to apply on behalf of another person or to receive his own or another person's certificate personally from the office.
 3. Migration fee is not refundable in any case.
 4. An attested copy of the detailed marks card of the last examination taken/passed be attached with the application form.



HIMACHAL PRADESH UNIVERSITY
GYAN PATH, SUMMER HILL, SHIMLA – 171 005
(For Private and Re-appear Candidates)

Roll No.

(To be filled by the University)

M.A.	Pvt. (Full) : Rs. 1000.00 Re-appear: Rs. 500.00 (PP)	M. Sc	Pvt. (Full) : Rs. 1200.00 Re-appear: Rs. 500.00 (PP)	M.Com	Rs. 1200.00 Re-appear: Rs. 500.00 (PP)
Practical Fee All Subjects Rs. 500.00 per practical (For more details regarding fee and other please visit H.P. University website i.e. www.hpuniv.nic.in & www.hpuniv.in)					

FOR OFFICE USE ONLY

A. Ineligible due to _____

1. Late fee amounting to Rs. _____ required.
2. Registration Number required.
3. SC, ST, Physically Handicapped, Lower Class Examination Certificate required.
4. Government Service bonafide certificate required.

University Cash
Receipt
University / Bank Receipt
No. _____
Dated _____

B. Diary No. _____ Dated _____

1. Examination Centre Opted (i) _____ (ii) _____

2. Class _____ Subject _____ Semester _____

3. Name of Candidate (in Capital letters) _____
 (in Hindi) _____

4. Father's/ Mother Name (in Capital letters) _____
 (in Hindi) _____

5. Registration/Enrolment No. _____ 6. Gender _____
 (Attested Copy should be enclosed)

7. Date of Birth _____ 8. Category(SC/ST/PH) _____ (attach attested copy)

9. Course/Subjects in which appearing: 1. _____ 2. _____ 3. _____ 4. _____

10. Medium of Instructions (Hindi/English): _____ 11. Mobile No. _____

12. Capacity in which appearing: 1. Late College Student 2. Private 3. ICDEOL

13. Are you appearing for the Re-appear/ Improvement of Score/Division? _____

14. Particulars of the last examination passed/appeared (for fresh candidates of I Semester and Direct II Semesters' Candidates only):

Subject Concerned						
Examination	Subject	Marks Obtained	Maximum Marks	Roll No.	Year	University
B.A./B.Sc./B.Com I						
B.A./B.Sc./B.Com II						
B.A./B.Sc./B.Com III						
M.A./M.Sc./M.Com.						
MBA/B.Ed./LL.B/M.Ed						

15. Earlier/last appeared/re-appear: Subject _____ Exam _____

Roll No. _____ month _____ Year _____ in _____ class.

Affix latest attested
photography duly
attested

16. Whether simultaneously appearing in other examination, if so state: Roll No. _____

Class _____ Subject _____ Semester _____ Session _____

17. Permanent Address _____

18. Correspondence Address _____

19. Particulars of fee sent through (i) Bank Draft/IPO No. _____ Date _____

I solemnly declare that the above particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete information including examination fee.

(Signature of Student)

CERTIFICATE

Certified that:

- a) The candidate has passed/appeared in _____ Examination in _____ under Roll No. _____ from _____ University as per particulars given by the candidate above. (Attach attested copies of certificate)
- b) The candidate is a resident of the areas within the territorial jurisdiction of H.P. University for the last 12 months preceding the date of examination and the particulars given above are correct.
- c) That the candidate is a blind/permanent handicapped from writing and the particulars given by him/her are correct.
- d) The candidate is a blind/permanent handicapped from writing and the particulars given by him/her are correct.
- e) The candidate is in the service of this office for the last three years (as on 30th November of the preceding year) and that particulars given by him/her are correct. (Attach attested copies of certificate)
- f) The candidate is an ex-serviceman have served as _____ in Armed Force _____ from _____ to _____ and particulars given by him/her are correct.
- g) The candidate is serving personnel of Indian Armed Force.

Place _____

Dated _____

(Signature of Attesting Authority with Stamp)

GENERAL INSTRUCTIONS

1. **Examination fee** is to be paid in favour of **Finance Officer, H.P. University, Summer Hill, Shimla – 171 005 in shape of Bank Draft/IPO payable at Summer Hill, Shimla – 171 005.**
2. Please fill in separate form for each semester.
3. Incomplete Forms are liable to be rejected.
4. **THREE SELF ADDRESSED ENVELOPES SHOULD BE ENCLOSED WITH THE FORM.**
5. The relevant certificate is to be signed/attested by the competent/concerned authority only. Authorities competent to attest the admission forms of private candidates are Head of Office in case of employees/teachers/service personnel and Head of Institution/Departments/Principals/Gazetted Officers of State/Central Govt. /Officers of the H.P. University of the rank of Assistant Registrar and above, E.C. Members/Magistrate 1st Class.
6. Candidate appearing for the first time from this University must get himself/herself registered as a student of the University for which he/she should fill up the prescribed form and send to the Deputy Registrar (Registration & Migration), H.P. University, Shimla-5.
7. The candidates who are appearing privately for the first time in MA first semester or direct second semester may enclose attested copies of BA/B.Sc. (I, II, III) for ascertaining their eligibility of 45% in the subject concerned (or for SC/ST 40%) OR second division in BA/B.Sc failing which their candidature shall stand rejected automatically.
8. The candidates doing MA from Direct IInd Semester are supposed to do first semester appearing in IV Semester examination **CLOCK WISE.**
9. Examination/Admission fee once paid is neither refundable nor adjustable in any subsequent examination, unless the office finds the candidate ineligible to appear in the examination.
10. It is to be ensured by the student himself/herself that he/she is eligible for a particular examination for which he/she is applying and the University doesn't hold itself responsible if a student examination form cannot be accepted or is rejected by the University.
11. In case of any dispute the decision of the University will be final and shall be binding on all students. All disputes will be subject to the jurisdiction of the University where head office of the University is located.
12. All Roll No. issued to students are purely provisional subject eligibility and they will have no right for declaration of result on mere appearing in the examinations.

CONTROLLER OF EXAMINATIONS

ADMIT CARD

PURELY PROVISIONAL SUBJECT TO ELIGIBILITY)

Roll No. _____

(Roll No. to be assigned by the Office)

(To be filled in by the Candidate)

**Affix your latest
colour attested
passport size
photograph.**

Do not staple

Admit (Name of the Candidate) _____

son/ Daughter of Sh. _____

to the examination of MA/M.Sc/M.Com/LL.B etc. _____

Semester _____ to be held in _____ on the dates

as given in the Date Sheet at examination centre _____

Signature of Candidate

**Controller of Examinations
Himachal Pradesh University.**

International Centre for Distance Education and Open Learning,
H.P. University, Summer Hill, Shimla-5
(NAAC Accredited 'A' Grade University)

1. Name of the applicant

2. Father's Name

3. Department.....Class/Semester.....

Roll No.....

4. Identity Proof (Attach Photocopy)

5. Purpose of visit..... w.e.f.....

6. Permanent/Correspondence address

7. Charges per Day @ Rs150/.....

8. Name and Address of the Local Guardian with Mobile No. (Person to be contacted in case of emergency)

.....
.....

DECLARATION

I hereby declare that, I will not indulge in any act of ragging, indiscipline, misconduct, political and unlawful activities and allow any person to stay in my room without the permission of warden, if I am found guilty of such offence, I will have no claim against the **expulsion/rustication** from the Chhatravaas in compliance to the recommendations of the Hon'ble Supreme Court of India in SLP No. 24295 of 2006 (Reghaven Committee's Report).

Dated:

Signature of the Applicant with Mobile No.

VERIFICATION BY THE CONCERNED DEPARTMENT/BRANCH

.....
.....

His/Her name is recommended for admission to the Hostel.

Signature of Dealing Asst. (concerned class)

Section Officer (Concerned Academic)

**Signature of Dy. Registrar (Academic)
with official seal**

**Signature of the Warden,
with office seal**

**Attach
Photo**

To whom it may concern

This is to certify that Mr. / Ms S/o. D/o
..... Completed his/ her (graduation).....
under Exam Roll no. session..... Affiliated
University..... within the territorial jurisdiction of the
concerned state.

Head of the Institution with Seal

ANNEXTURE – 10

- Information regarding Personal Contact Program/Viva-Voce Examination/ On the Job Training/Project Report/Practicals/Assignments of the UG/PG/ Diploma courses will be provided/uploaded on ICDEOL website and SMS be provided for the same on Mobile Numbers if provided by the students.
- NO SEPARATE LETTERS BE ISSUED/SENT IN FORM OF HARD COPY (THROUGH POST) BY THE INSTITUTION.
- For any Communication/ information/ updates please visit www.icdeolhpu.org.

The students must furnish the following details on the front page of each course assignment:-

Name:-

Father's/Mother's name:-

Roll No:-

Registration No:-

Course Name:-

Course Code:-

Mobile No:-

Email id:-

The students must send the hard copy of each assignment and address the same to the Director, ICDEOL, H.P. University, Shimla-5.