



TAMILNADU COUNCIL FOR OPEN AND DISTANCE LEARNING

An Alternative for Conventional Mode of Education

RE- REGISTRATION FORM

Paste Your
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-Attestation.
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or Stapled

Register Number : _____

Name of the Course : _____

Appearing Year/Semester : _____

Name of the Student : _____

Father's Name : _____

Date of Birth : _____ (DD/MM/ YYYY)

Month of Last Exam : _____

Contact Number : _____

Signature of the Student

Enclosures:

- 1) Previous Year / Semester Mark Sheet Photo Copy
- 2) Course Fee for Demand Draft

OFFICE USE ONLY

Centre Name & Code:

Date:

Verified and Checked,

Coordinator Signature with Seal