



**CENTRE FOR DISTANCE EDUCATION  
BHARATHIDASAN UNIVERSITY  
TIRUCHIRAPPALLI – 620 024**

Tapal Section

**FEES REMITTANCE FORM**

*Date Seal*

1.	Name of candidate ( <i>in capitals</i> )				
2.	Date of Birth				
3.	Name of the Course				
4.	Application Number				
5.	Unique Number ( <i>for candidates admitted after 2015-16</i> )				
6.	Enrolment / Register Number ( <i>for candidates admitted before 2015-16</i> )				
7.	Date of Admission				
8.	Year of Enrolment in the Course				
9.	PCP Centre / Study Centre				
Year / Semester	Details of Remittance	Challan No. / D.D. No. / Online Receipt No.	Date	Amount	Bank

Address:

Mobile No. / Phone No.

*Signature of the Candidate*