Telephone: (01262)- 393202 (O) E-Mail: chhillar02@gmail.com

## DEPARTMENT OF COMPUTER SCIENCE & APPLICATIONS MAHARSHI DAYANAND UNIVERSITY ROHTAK

(www.mdurohtak.ac.in)

PROF. RAJENDER CHHILLAR HEAD OF DEPARTMENT

Date: 07.08.2013

The Project Manager, NYSA Pvt. Ltd. Company, M.D. University, Rohtak.

Sub.: Counseling for admission to vacant seats of MCA-1<sup>st</sup> year for the session 2013-14.

Dear Sir,

Please find enclosed herewith the Admission Notice along with the application form for admission to MCA-1<sup>st</sup> year programme for the session 2013-14 to upload on the University website.

Thanking you,

Yours sincerely,

Head

Encl.: As above.

### DEPARTMENT OF COMPUTER SCIENCE & APPLICATIONS MAHARSHI DAYANAND UNIVERSITY ROHTAK

#### MCA-1<sup>ST</sup> YEAR ADMISSION NOTICE 2013-14

Applications alongwith fee of Rs. 500/- in the shape of Demand Draft in favour of Finance Office, MDU, Rohtak or University cash receipt are invited for admission to vacant seats of MCA-1<sup>st</sup> year in various categories in the Department of Computer Science & Applications, MDU, Rohtak.

The admission will be made firstly on the basis of rank of the applicant in OLET conducted by Haryana State Technical Education Society, Panchkula. If still seats remain vacant, same will be filled on % basis of qualifying examinations.

Application form complete in all respect should reach in the office of the Department latest by 4.00 PM on 13.08.2013. The counseling will be held on 14.08.2013 at 10.00 AM. Selected candidates will be required to deposit their fee of Rs. 25779/- on the spot alongwith required original documents with two sets of attested copies.

Head

# DEPARTMENT OF COMPUTER SCIENCE & APPLICATIONS MAHARSHI DAYANAND UNIVERSITY ROHTAK

## APPLICATION FORM FOR ADMISSION TO MCA-1<sup>ST</sup> YEAR

| 1.     | Name of Candidate:   |
|--------|--|
| 2.     | Father's name:   |
| 3.     | Date of Birth:   |
| 4.     | OLET Rank  |
| 5.     | Entrance Test Roll No.:  |
| 6.     | Qualifying Exams.:   |
| 7.     | Marks Obtd.: % of marks:   |
| 8.     | Category ( AI/HOGC/SC/BC-A/BC-B/ SBC/EBP/PH/ESM) :   |
| 9.     | Address:   |
|        |  |
| 10.    | Phone No.  |
| 11.    | Counseling Fee Rs. 500/- (Non-Refundable) Fee details:   |
|        | University Receipt No Date:  |
|        | Demand Draft No.: Date:  |
| othing | Certified that the above particulars are correct to the best of my knowledge and has been concealed therein. |
|        |  |
| ate:   | (Signature of the Candidate)   |
|        | Remarks of the Admission Committee   |
| ovisi  | nally admitted in MCA-1 <sup>st</sup> year Roll No   |
| Memb   | er) (Member) (Member) (Member)   |