



**IAPQR, Kolkata & Centre for Disability Studies & Educational Research  
(CDSER)**

**Under the aegis of School of Education  
Netaji Subhas Open University**

CF-162, Sector-I, Salt Lake, Kolkata-64

Phone Number: 03340047570/1, Email:cdseroe@gmail.com

**APPLICATION FOR ADMISSION TO SIX-MONTH DIPLOMA COURSE ON EMPOWERING  
COMMUNICATION SKILLS AND PROFESSIONAL DEVELOPMENT  
(SELF- FINANCED)**

SEAL OF THE  
RECEIVING CENTRE

Photo  
of the  
Candidate

SIGNATURE OF THE CANDIDATE

Course Name .....

Name of the applicant (in block letters) .....

Present Address: (in block letters) .....

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Mobile No: 

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Email.....

Date of Birth: 

D	D	M	M	Y	Y	Y	Y

Gender (Tick which is applicable) 

MALE	FEMALE

Category (Tick one box) 

GEN	SC	ST	OBC-A	OBC-B

Person with Disability (Tick which is applicable) 

YES	NO

- Present Status:**
- i) Govt. Service.
  - ii) Quasi Govt.
  - iii) Private Service
  - iv) Self- Employed
  - vi) Student

**Academic Qualification:**

<b>Examination Passed</b>	<b>Name of Board/Institution/University</b>	<b>Subjects Taken</b>	<b>% obtained</b>
<b>Higher secondary or equivalent 10+2</b>			
<b>Graduation</b>			
<b>Post Graduation</b>			

**Mode of Payment (Tick):** Cash  Draft

**In case of Draft, give details (Draft no. Date of issue, Name of issuing Bank & Branch).**

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**\*In favour of "CDSER" payable at Kolkata**

**DECLARATION BY THE APPLICANT**

I hereby declare and understood the conditions of eligibility for the Course for which I seek admission. I fulfil the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to 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: .....

*Full Signature of the Applicant*

**Encl:** *Self attested copies of all relevant documents*