



NETAJI SUBHAS OPEN UNIVERSITY

SCHOOL OF EDUCATION

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

Phone Number: 03340047570/1, Email: schooledu@wbnsou.ac.in

APPLICATION FOR ADMISSION TO 6-MONTH CERTIFICATE COURSE ON CAPACITY BUILDING AND PROFESSIONAL DEVELOPMENT ON INCLUSIVE EDUCATION (SELF-FINANCED)

Photocopy of the Candidate

SEAL OF THE RECEIVING CENTRE

SIGNATURE OF THE CANDIDATE

Course Name

Name of the Student (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
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Name of Father

Name of Mother

Name of Spouse

Present Status:

- i) Govt.Service.
- ii) Quasi Govt.
- iii) Private Service
- iv) Self- Employed
- v) Retired
- vi) Student
- vii) Unemployed
- viii) Other

Nationality:

Whether already registered in NSOU:

YES	NO
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If yes, Registration No: 1.....2.....

Academic Qualifications:

