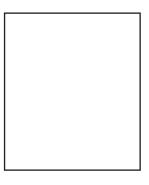
## APPLICATION FOR ADMISSION IN SHORT TERM TRAINING PROGRAMME NETAJI SUBHAS OPEN UNIVERSITY

Centre for Lifelong Learning Ghosh Para Station Road, Kalyani, Nadia-741 235 Phone: (033) 2582 2529





••

Seal of the receiving centre

(SIGNATURE OF THE CANDIDATE)

Programme Name :		•••••		• • • • • • •	•••••	• • • • •	••••	• • • • •		• • • • •		••••	• • • • • •	••••	• • • • • •	•••••
Programme Code :	•••••	•••••			••••	••••	••••			• • • • • •		• • • • • •	•••••			
Subject :	••••	•••••		• • • • • • •	••••		••••	• • • • • •		• • • • • • •	•••••	•••••	•••••	•••••	•••••	•••••
Name of the Student																
(in block letters)																
Present Address :																
(in block letters)																
Permanent Address																
Mobile No :								ł	Emai	il:						
Date of Birth: D	D M	M Y	Y	Y	Y											
Sex: MALE	FEN	IALE		(T	ick v	vhic	h is	appl	icabl	e)						
Category (Tick one b	) (xoo	Genera	ս 🗌		SC			S	Г		C	)BC				
Whether Physically c	hallen	ged : Ye	es/ No	D. (	(Tick	c wh	ich i	is ap	plica	ble)						

Father's Name:
Mother's Name:
Spouse's Name:
Candidate's Occupation : (i) Govt. Service (ii) Semi Govt.
(iii) Private Service (iv) Self-Employed (v) Retired
(vi) Student (vii) Unemployed (viii) Others
Monthly Income (Tick one box): (i) Less than Rs. 5,000/-
(ii) Between Rs. 5001/- to Rs. 10,000/- [
Rs. 20,000/- (iv) Above Rs. 20,001/-
Nationality :

## Whether already registered in NSOU : Yes/ No

If 'yes', (i) Registration No(s) : 1. Name of the Course:

## Academic Record:

Examination Passed	Board/ University	Year of passing	Subject Studie	% of marks obtained With aggregate

2.

Payment details:

Bank:	Branch:
	Date:
(Receipt to be enclosed)	

## **DECLARATION BY APPLICANT**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill 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 Simutums of the Candidate
Encl : Self attested copies of educational qualification	Full Signature of the Candidate