



# NETAJI SUBHAS OPEN UNIVERSITY

## SCHOOL OF EDUCATION

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

Phone Number: 03340047570/1, Email: [schooledu@wbnsou.ac.in](mailto: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): .....

.....  
.....

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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## **DECLARATION BY 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 Candidate*

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