



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 SIX-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

Programme 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
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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:

SL. No	Examination Passed	Board/University	Year of Passing	% of marks obtained With aggregate

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*