APPLICATION FOR ADMISSION IN SHORT TERM COURSE
NETAJI SUBHAS OPEN UNIVERSITY
Centre for Language, Translation & Cultural Studies (CLTCS)
Phone: (033) 2582 0103

Programme Name: ...........................................................................................................

Programme Code: ...........................................................................................................

Subject: ..............................................................................................................................

Name of the Student (in block letters): ..............................................................................

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

Permanent Address: ...........................................................................................................

Mobile No: ...................................................................................................................... Email:

Date of Birth:  D D M M Y Y Y Y

Sex:  MALE  FEMALE  (Tick which is applicable)

Category (Tick one box):  General  SC  ST  OBC

Whether Physically challenged:  Yes/ No.  (Tick which is applicable)
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/- (iii) Between Rs. 10,001 to Rs. 20,000/- (iv) Above Rs. 20,001/-

Nationality: .............................................................................................................................................

Whether already registered in NSOU: Yes/ No

If ‘yes’, (i) Registration No(s): 1. 2.

Name of the Course:

Academic Record:

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Board/University</th>
<th>Year of passing</th>
<th>Subject Studied</th>
<th>% of marks obtained With aggregate</th>
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Payment details:

Bank: ................................................................. Branch: .................................................................

Amount (Rs.): ................................................................. 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: ..................................

..........................................................................................................................................................

Encl: Self attested copies of educational qualification

Full Signature of the Candidate