

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 CENT	RE											Γ					
													SIGNA	ΓUI	RE OF T	HE CANDIDAT	E
Course Name:																•••••••••••••••••••••••••••••••••••••••	••
Present Address (in l																	
Mobile No:]							
Email:					••••												
Date of Birth:	D	D	М	М	Y	Y	Y	Y									
Gender (Tick which	is app	olicat	ole):				MA	LE	FEN	ΜА	LE						
Category (Tick one l	oox):					C	BEN		SC		ST		OBC-A		OBC-B		

Person with Disability (Tick which is applicable): YES

NO

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
If yes, Registration No: 1	

Academic Qualifications:

Sl. No.	Examination Passed	Board/University	Year of Passing	% of marks obtained with aggregate

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