SL No. 22/

NETAJI SUBHAS OPEN UNIVERSITY

DD-26, SECTOR-I, SALT LAKE CITY, KOLKATA-700 064

Phone: (033) 4066-3220

AFFIX **PASSPORT** SIZE PHOTO **HERE**

Seal of the receiving centre

If Yes, BPL No.:



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	(CICNIATI IDE OF THE CANDIDATE

APPLICATION FOR STUDENT ENROLMENT (Blended VET) YEAR: 20...... SESSION: JANUARY / JULY

Study Centre Code: Study Centre Name:..... **Programme:** Diploma ☐ Advanced Diploma ☐ Advanced Certificate ☐ Name of the Student: (in block letters) **Present Address:** (in block letters) **Parmanent Address:** Mobile No: [**Email:** Date of Birth D DMM Y YMale | Female | Others | (Tick which is applicable) Category (Tick one box) : General SC ST OBC Whether Physically Challanged: Yes / No (Tick which is applicable) Whether belong to Minority Community: Yes / No (Tick which is applicable) Mother's Name: Spouse's Name: Whether belong to BPL: Yes / No (Tick which is applicable)

Candidate's Occup	pation: (i) G	(i) Govt. Service		(ii) Semi Govt. \square		
(iii) Private Service	(iv) S	(iv) Self-employed) Retired		
(vi) Student	(vi i)	(vi i) Unemployed		vi i i) Others		
Monthly Income (Tick one box): (i) Less than জ 5,000/-						
(ii) Between জ 5001/- to জ 10,000/- 🔲 (iii) Between জ 10,001 to						
জ 20,000/- ি (iv) Above জ 20,001/-						
Nationality:						
Aadhaar No .						
Religion: (i) Hinduism () (ii) Christianity () (iii) Islam () (iv) Buddhism ()						
(v) Jainism () (vi) Zaroastrianism () (vii) Sikhism () (viii) Others ()						
if 'others', please state:						
Residential Area: (i) Panchayat () (ii) Municipality () (iii) Corporation Area ()						
Whether already registered in NSOU: Yes/No						
if 'yes', (i) Registrat	ion No.s: 1.	2.	3.			
Academic Record:						
Examination	Board/	Year of	Subject	% of marks obtained		
passed	University	passing	studies	with aggregate		
	DECLA	L	DDLICANT			
programme for wh			od the Conditi	ions of eligibility for the		
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: Date:						
Place: Date:						
Co-ordinator			(Study Ca	entre)		
Co-ordinator	•••••	••••••	(Study Ce			
Seal of the Study Co	entre	Full Signature of the Candidate				