Application Form for Training Programme

Sl. N0. CLL / 2020/

NETAJI SUBHAS OPEN UNIVERSITY

Centre for Lifelong Learning

(under the aegis of School of Vocational Studies)

DD-26, SECTOR-I, SALTLAKE, KOLKATA-700064.

Phone: (033) 4066-3220, Fax: (033)-4066-3225

Seal of the receiving centre		AFFIX PASSPORT SIZE PHOTO

(SIGNATURE OF THE CANDIDATE)

Study Centre Name :..... Code :.....

Programme Name :.....

Level : **Advanced Diploma** ☐ **Diploma** ☐ **Certificate** ☐

Name of the Student

(in block letters)

Present Address :

(in block letters)

Pin Code :

Mobile No : **Email:**

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

Sex: **MALE** **FEMALE** **OTHERS** (Tick which is applicable)\

Category (Tick one box) : **General** ☐ **SC** ☐ **ST** ☐ **OBC** ☐

Whether Physically challenged : Yes/ No. (Tick which is applicable)

Whether belong to Minority Community : Yes/ No. (Tick which is applicable)

Father's Name: .....

Mother's Name: .....

Spouse's Name: .....

Aadhar No:..... (i)

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:

Examination Passed	Board/ University	Year of passing	Subject Studies	% of marks obtainedWith aggregate

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 and for the elective subject 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*

Signature of the Coordinator
Study Centre