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

(SIGNATURE 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 ☐

Course :.....

Name of the Student :

(in block letters)

Present Address:

(in block letters)

Parmanent Address:

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 Challanged : 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:.....

Whether belong to BPL : Yes / No (Tick which is applicable)

If Yes, BPL No. :

ABC ID:

Candidate's Occupation: (i) Govt. Service ☐ (ii) Semi Govt. ☐

(iii) Private Service ☐ (iv) Self-employed ☐ (v) Retired ☐

(vi) Student ☐ (vi i) Unemployed ☐ (vi i i) Others ☐

Monthly Income (Tick one box) : (i) Less than ৳ 5,000/- ☐

(ii) Between ৳ 5001/- to ৳ 10,000/- ☐ (iii) Between ৳ 10, 001 to

৳ 20,000/- ☐ (iv) Above ৳ 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) Registration No.s: 1. 2. 3.

Academic Record:

Examination passed	Board / University	Year of passing	Subject studies	% of marks obtained with aggregate

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 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:.....

Countersigned

Co-ordinator ..... (Study Centre) .....

Seal of the Study Centre Full Signature of the Candidate