## APPLICATION FOR ADMISSION IN SHORT TERM TRAINING PROGRAMME

## **NETAJI SUBHAS OPEN UNIVERSITY**

School of Professional Studies Ghosh Para Station Road, Kalyani, Nadia-741 235 Phone: (033) 2582 2529

Seal of the receiving centre (SIGNATURE OF THE CANDIDATE) 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 M M Y Y MALE **FEMALE** Sex: (Tick which is applicable) Category (Tick one box): General SC ST OBC

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

Father's Name:		•••••	• • • • • • • • • • • • • • • • • • • •	•••••	
<b>Mother's Name</b>	•	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	
Spouse's Name:	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Candidate's Occ	cupation : (i) Govt.	Service (ii)	) Semi Govt.		
(iii) Private Serv	ice (iv) Self-	Employed (v)	Retired		
(vi) Student	(vii) Unemploye	ed (viii) Others			
		(i) Less than Rs. 5,000/	<u>-                                    </u>		
(ii) Between Rs.	5001/- to Rs. 10,000	0/- (iii) Betwe	een Rs. 10,001 to		
Rs. 20,000/-	(iv) Above l	Rs. 20,001/-			
Nationality:	 		•••••		
·	y registered in NSC				
	stration No(s) : 1.	2.			
Academic Recon					
Examination Passed	Board/ University	Year of passing	Subject Studie	% of marks obtained With aggregate	
				with aggregate	
Payment details: Bank:		,Branch: Date:			
	DECI	ARATION BY AP	PLICANT		
seek admission. I regard. In the eve	hat I have read and u fulfill the minimum ent of any informatio	nderstood the conditions eligibility criteria and I h n being found incorrect o y time and I shall not be e	of eligibility for the p nave provided necessor or misleading my cano	ary information in this lidature shall be liable	
Place:			Date:	Date:	
Encl: Self atteste	ed copies of education	Full Signat	ure of the Candidate		

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