



UNIVERSITY OF KALYANI

ENROLMENT FORM

[To be field by the Candidate in his/ her own hand]
(IN CAPITAL LETTERS)

[**DIRECTORATE OF OPEN & DISTANCE LEARNING**]

Affix here a recent
passport size
colored
Photograph

NAME OF THE COURSE :

SUBJECT :

STUDY CENTRE NAME WITH CODE :

STUDY CENTRE ROLL NO. :

NAME OF THE STUDENT :

PHYSICALLY CHALLENGED :

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(give tick mark in the appropriate box)

RURAL /URBAN :

R	<input type="checkbox"/>	U	<input type="checkbox"/>
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(give tick mark in the appropriate box)

SEX :

M	<input type="checkbox"/>	F	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
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WHETHER BELONGS TO MINORITY COMMUNITY :

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES, PLEASE SPECIFY :

DO YOU BELONG TO SC/ST/ OBC :

SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC-A	<input type="checkbox"/>	OBC-B	<input type="checkbox"/>
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BPL CATEGORY :

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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MARITAL STATUS :

Married	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>
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NAME OF THE FATHER :

NAME OF THE MOTHER :

NAME OF THE GURDIAN :

DATE OF BIRTH :
(as on Madhyamik Admit Card)

DATE OF ADMISSION :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
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SESSION :

NAME OF THE UNIVERSITY LAST ATTENDED :

REGISTRATION NO. :
(only for University of Kalyani Student)

PERMANENT ADDRESS :
WITH PHONE NO. :

EMPLOYED :

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Countersigned of the Head of the Institution/Study Centre

Signature of the candidate