

Name of the Study Centre :

Date of Admission :



University of Kalyani
DIRECTORATE OF OPEN & DISTANCE LEARNING
Kalyani, Nadia: 741235, W.B.

APPLICATION FORM

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Checked by

Course: Subject: Session:

To
The Director
Directorate of Open & Distance Learning
University of Kalyani
Kalyani, Nadia,
PIN: 741235, W.B.

Payment Details (Through State Bank Collect)

a) A/c Name- DODL University of Kalyani A/c SBC

b) SB Collect Reference No. :

c) Amount Rs. :

d) Date of Payment :

Sir,

I beg to apply for admission to the Post Graduate Degree Course through Open & Distance Learning mode as mentioned above for your kind consideration.

**Affix here a recent
Passport size color
Photograph duly
signed by the
Candidate**

.....
Date

.....
Signature of the candidate

Personal informations:

1. Name of the applicant (in block letters) :

2. Father's/Mother's Name (in block letters) :

3. Address (in block letters mentioning the pin code)

(a) Permanent :

(b) Mailing (for communication) :

(c) Telephone /Mobile No. (if any) :

4. Date of Birth (Encl. supporting document) :

5. (a) Are you employed anywhere ? :

(b) If so, give details including the name and address of the employer :

6. Institution / college last attended :

7. Name of the University last attended :

8. Result of the last examination passed :

Mentioning class / division and the year :

9. Rural/Urban (give tick mark in the appropriate box) :

R		U	
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10. Sex (give tick mark in the appropriate box) :

Male		Female		Transgender	
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11. Marital Status :

Married		Un-married	
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12. a. Whether belongs to Minority Community : Yes No
 b. if yes, please specify :

13. Do you belong to SC/ST/ OBC :

SC		ST		OBC-A		OBC-B	
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 (If so, attach supporting document)

14. Whether belong to BPL Category? :

Yes	
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No	
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15. Are you physically challenged? :

Yes	
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No	
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16. Academic qualifications
 (Attach self attested photocopies of supporting documents)

Exam. Passed	Name of the Board / University	Year of Passing	Marks			Division / Class	Subject(s) Studied
			obtained	Out of	%		

Declaration:

After going through carefully and comprehending the contents of the rules & regulations, I solemnly declare that I shall abide by all the provisions laid down therein.

If it is found at any stage during the course of my study that I did not possess the required eligibility for admission, or if I do anything in violation of the University Act, Statutes, Ordinances, Regulations or other rules framed through administrative power, I shall be liable to any disciplinary action as the University authority deems fit. In the event of cancellation of admission, I shall not be entitled to refund of any fee paid by me.

I also declare that all Information furnished above is correct and true.

Date:
.....
 Signature of the candidate

- Students coming from other University/Institution for admission into DODL Courses shall be required to submit migration certificate from the Institution last attended.
- Incomplete application in any respect or application not bearing the requisite application fee will summarily be rejected.