

Name of the Study Centre :
Date of Admission :



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

**APPLICATION FORM**

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

Male		Female		Transgender	
------	--	--------	--	-------------	--
- 11. Marital Status : 

Married		Un-married	
---------	--	------------	--

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	
----	--	----	--	-------	--	-------	--

  
 (If so, attach supporting document)

14. Whether belong to BPL Category? : 

Yes	
-----	--

No	
----	--

15. Are you physically challenged? : 

Yes	
-----	--

No	
----	--

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.