

## **APPLICATION FORM**

## P.G. DIPLOMA IN REHABILITATION PSYCHOLOGY UNIVERSITY OF CALCUTTA UNIVERSITY COLLEGE OF SCIENCE, TECHNOLOGY AND AGRICULTURE

To The Secretar Faculty Cour Calcutta Uni 92, A.P.C. R	ncils for P. versity			Tech.& Engg and	l Ag. & Vet. Sc.		
Name of the	Applicant	(in blocl	k letters):				
Bachelor's d	egree with	Subject:					
Year of entry in Bachelor's Degree.: Year of passing:   Applied for admission in Course: <b>1 Yr. P.G. Diploma</b> Session : <b>2016-2017</b>							
II				Rehabilitation			
Whether adm	nitted earli		-	ive details:			
Date of birth	:		Whetl	ner employed:			
Category:	GEN [		SC		PH		
Statement of	marks in	Bachelor	's degree	examination:			
Examination	Semester / Part	SGPA	CGPA	Total marks obtained	Total marks of exam	Class/Div.,	% of marks
	I			obtained	Cxam		of marks
	II						
	III						
	IV						
	V						
	VI						
	VII						
	VIII						
Statement of	marks in	the follow	ving Exar	ninations:			

Examination **Board**/ Year of Total marks **Full marks** Grade/ Class % University passing obtained of exam. GP /Div. of marks Madhyamik or equiv. (10)HS or equivalent (10+2)B.Sc.(Hons.) (10+2+3)

For website Version form : C	C.U. Cash Challan No		_ Date				
Or DD.No	_ Date	_ Issuing Bank					
(In reverse of DD, Please write the name and course applied for)							

(In reverse of DD, Please write the name and course applied for)

## UNIVERSITY COLLEGE OF SCIENCE, TECHNOLOGY AND AGRICULTURE

1.	Name of the applicant (in block letters)								
2.	Calcutta University Registration No.(for C.U.Students)								
3.	Present address (if any)								
	Telephone NoMobile	Email :							
4.	Permanent address								
5.	Nationality	Domicile state							
6.	Male / Female	7. Married / Unmarried							
8.	Father's Name	Occupation	Monthly Income						
9.	Mother's Name	Occupation	Monthly Income						
10.	Husband's /Wife's name	Occupation	Monthly Income						
11.	Guardian's name, relationship and occupation								
12.	Income of the family per month								
13.	13. Are you enjoying any scholarship or stipend (if yes, state the name of the sponsor) :								
14.	Details of employment (if employed)								

## **DECLARATION / UNDERTAKING**

I do here by declare / undertake that the statements made above by me are true. If any error/misinformation is detected after my provisional admission, my admission shall be treated as cancelled. I have not taken admission nor shall I take admission to any other course during my studies in this University without intimation. If I get admission I will be a full time student of this University (not applicable for part-time courses). If I remain absent from the classes continuously for seven days or intermittently for more than 50% of classes held during any two consecutive weeks, my studentship will be terminated and my name will be automatically struck off from the rolls according to the admission rules of the University.

Endorsed

Signature of father/mother/husband/guardian

Signature of the applicant

Date ...

Date .....

N.B.

- 1. Application must be accompany self attested copies of all relevant Mark Sheets and Certificates as applicable
- 2. All documents and photo submitted must be signed by the candidate himself/herself.
- 3. Incomplete Forms are liable to be rejected.