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APPLICATION FORM

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

To
The Secretary
Faculty Councils for P.G. Studies in Sc., Tech.& Engg and Ag. & Vet. Sc.
Calcutta University
92, A.P.C. Road, Kolkata – 700 009

Name of the Applicant (in block letters): _____

Bachelor's degree with Subject: _____

College and University: _____

Year of entry in Bachelor's Degree.: _____ Year of passing: _____

Applied for admission in Course: 1 Yr. P.G. Diploma Session : 2015-2016

Subject: Rehabilitation Psychology

Whether admitted earlier in this course, give details: _____

Date of birth: _____ Whether employed: _____

Category: **GEN** **SC** **ST** **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						
	II						
	III						
	IV						
	V						
	VI						
	VII						
	VIII						

Statement of marks in the following Examinations:

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

For website Version form : C.U. Cash Challan No _____ Date _____

Or DD.No. _____ Date _____ Issuing Bank _____

(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 No..... Mobile..... Email :.....
4. Permanent address
.....
..... Telephone No.....
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. 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.