

## **APPLICATION FORM**

Affix Passport Size Photograph duly attested

## Post P.G. Diploma in School Counselling (2014-2015) UNIVERSITY OF CALCUTTA UNIVERSITY COLLEGE OF SCIENCE, TECHNOLOGY AND AGRICULTURE

To The Secretary Faculty Counc Calcutta Unive 92, A.P.C. Roa	rsity			, Tech.& E	'ngg a	nd Ag. &	& Vet. Sc					
Name of the Ap	oplicant (i	n blocl	k letters):									
Master's degree												
Year of entry in												
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				School Co							<u> </u>	
Whether admitt	ted earlier		_									
Date of birth: _Category:	GEN		Whetl	her employ		PC [						
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For website Ve Or DD.No (In reverse of D					_ Issu	ing Banl	Da	ate				

	Name of the applicant (in block letters).									
2.	Calcutta University Registration No.(for C.U.Students)									
3.	Present address (if any)									
	*			Email:						
4.										
				ephone No						
5.				ephone No						
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8.				Monthly Income						
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				any error/misinformation is detected afte						
				aken admission nor shall I take admission t admission I will be a full time student o						
				ne classes continuously for seven days of						
intermit	ttently for more than 50°	% of classes held during ar	ny two consecutive weel	ks, my studentship will be terminated and						
my nam	ne will be automatically s	struck off from the rolls acc	cording to the admission	rules of the University.						
Endorse	ed									
211410154										

## Date N.B.

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

Date