



THE UNIVERSITY OF KALYANI

ENROLMENT FORM

[To be field by the Candidate in his/ her own hand]

(IN CAPITAL LETTERS)

[DIRECTORATE OF OPEN & DISTANCE LEARNING]

Affix here a recent
Stamp size color
Photograph

NAME OF THE COURSE :

SUBJECT :

CENTRE NAME :

CENTRE CODE :

STUDY CENTRE ROLL NO. :

NAME OF THE STUDENT :

PHYSICALLY CHALLENGED : YES NO
(give tick mark in the appropriate box)

RURAL /URBAN : R U
(give tick mark in the appropriate box)

SEX : M F Transgender

WHETHER BELONGS TO MINORITY COMMUNITY : YES NO
IF YES PLEASE SPECIFY :

DO YOU BELONG TO SC/ST/ OBC : SC ST OBC-A OBC-B

BPL CATEGORY : YES NO

MARITAL STATUS : Married Unmarried

NAME OF THE FATHER :

NAME OF THE MOTHER :

NAME OF THE GURDIAN :

DATE OF BIRTH :
(as in Madhyamik Admit Card)

DATE OF ADMISSION : 2 0

SESSION :

NAME OF THE UNIVERSITY LAST ATTENDED :

REGISTRATION NO. (only for K.U. Student) :

PERMANENT ADDRESS :
WITH PHONE NO. :

EMPLOYED : YES NO

Countersigned of the Head of the Institution/Study Centre

Signature of the candidate