

Date of Admission .....



# University of Kalyani

**DIRECTORATE OF OPEN & DISTANCE LEARNING**

B – 12/195, Kalyani – 741235, W.B.

**APPLICATION FORM FOR ADMISSION INTO M.A. PART-II/  
RENEWAL FOR M.A. PART-I OR PART-II**

**Affix here a  
recent Passport  
size color  
Photograph  
signed by the  
Candidate**

Name of the Study Centre: .....

Centre Code No.: .....

M.A. Part-I  /Part-II  (v the appropriate box and mention the Name of the subject): .....

Special Paper (if any): .....

1. Name of the applicant (in capital letters): .....

2. Son/Daughter/wife of: .....

3. Enrolment No. : .....

4. Address for communication: .....

5. Mobile No: .....

6. Sex: ..... (Male/Female/Transgender) 7. Rural/Urban: .....

8. Whether Belongs to Minority Community: ..... (Yes/No)

9. BPL Category: ..... (Yes/No) 10. Caste: ..... (GENERAL/SC/ST/OBC-A/OBC-B)

11. Payment Details: (Through State Bank Collect)

a) A/c Name- DODL University of Kalyani A/c SBI Collect b) A/c No.: 35966826315

c) Transaction Id No.: ..... d) Date of Payment .....

I shall abide by the rules, regulations and directives from the DODL, failing which the DODL may forfeit my studentship.

Date: .....

Full Signature of the Applicant

**Documents to be enclosed:**

- (I) 02 (Two) Photocopies of Payment Receipt of S.B.I Collect.
- (II) Self Attested Photocopy of Mark Sheet ( for Part-II Candidates)
- (III) Self Attested Photocopy of the Enrolment Certificate
- (IV) Original Identity Card (to be shown)

**FOR OFFICE USE**

**Admit**

Checked by.....

( Signature of the Head of the Study Centre / Head Quarter)