



**Application Form**

**Interdisciplinary Certificate Course in Women Studies**

**(Part time- four and a half months)**

1. Name in full ( in Block Letters) Shri/ Ku/ Smt/ Dr.-----  
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2. Date of Birth (in Figure) -----

(in words)-----

(Enclose attested certificate please)

3. Permanent Home Address -----  
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4 .Address for Correspondence -----  
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Telephone No.

(M) ----- ( R)------(O)-----

Email: -----

5. Whether Married or Single? -----

6. Name of Mother -----

7. Name of Father/ Husband -----

8. Religion: -----

9. Whether belongs to SC/ ST/VJ/NT/OBC/:      Yes/ No  
Category-----                                      Caste-----

10. Name & the University from which qualifying degree has been obtained-----  
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11. College last attended -----  
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12. Enrolment Number, if passed from SRTM University -----

13. Details of examination passed (True copies of mark –list be attached):

Examination Passed	University	Year	Subject offered	Division & Merit	Aggregate marks with percentage

14. Are you employed? Yes / No

a) Designation -----

b) Address -----  
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15. Mother Tongue -----

16. List of documents enclosed:

i) -----

ii) -----

iii) -----

iv) -----

### UNDERTAKING

I declare that the above statements are true. The necessary fees charged by the University in this connection will be paid by me.

Date: / / .

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(Signature of Applicant)