



**DEPARTMENT OF ADULT CONTINUING
EDUCATION & EXTENSION
UNIVERSITY OF DELHI**

(Behind Faculty of Social Sciences), Delhi: 110007
Email: head.dacee@gmail.com, Phone No: 011-27667280

Application Form (Short-Term Courses)

Affix a passport
size photograph
here

Form No: _____

1. Name of the Certificate Course
2. Name of the applicant (Capital Letters)
3. Date of Birth:
4. Male / Female/ Third Gender (Others)..... Marital Status:
5. Address:
..... Category: Gen/SC/ST/OBC/PH/Others.....
6. Contacts: Mobile No..... Phone no. with STD code(R).....
7. Email ID
8. Permanent Address:
9. Father's/Guardian's/Husband's Name:M.No.....
10. Mother's Name:
11. Academic Qualification:

Examination Passed	Year of Passing	Name of the School/ College/University attended	Division & % of marks	Subjects Offered
High School				
Sr. Secondary				
B.A./B.com/ B.Sc.				
Others				

I declare that on admission I shall be bound by the disciplinary jurisdiction to the Vice-Chancellor and the other authorities of the university in who may vest the authority to exercise discipline under the Act, the Status, the Ordinances and the rules that have been framed by the University.

Date

.....
Signature of the Applicant

Notes:

1. All statements made in this application form must be supported by self-attested copies of certificates/testimonials.
2. Application forms can also be downloaded from the Department Website i.e. dacee.du.ac.in. Those who download the form will have to pay the application form fee Rs. 20/- at the time of submission the form.

For Office Use Only

The application of for admission to the short term course in is hereby accepted/not accepted He/She/Third Gender hereby requested to deposit a fee or Rs. 2200/- by Dated.....for the Course through Demand Draft addressed to The Registrar, University of Delhi. Payable at State Bank of India, Delhi University Branch.

Dated:

Head of the Department/Institution