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**EQUAL OPPORTUNITY CELL  
University of Delhi, Delhi -110007**

**Application Form August 2013–December 2013**

**Last date for submission of forms: 27th July, 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Paste your recent  passport size  photograph | | | |
|  | Sign Language (Level A)  Sign Language (Level B)  Sign Language (Level C)  Communicative English (Basic) | | | |
|  | Communicative English (Advance) | | | |
|  | Information Communication Technology | | | |
|  | Disability & Human Rights | | | |
|  | News Reading & Cinematography | | | |
| 1. Name: | | | | | |
| 2. Father’s/ Guardian’s Name: | | | | | |
| 3. Mother’s Name: | | | | | |
| 4. Address: | | | | | |
| 5. Phone: 6. E-mail: | | | | | |
| 7. DOB: 8. Sex : | | | | | |
| 9. Qualification: Give details of the last exam passed only | | | | | |
| **Exam** | **Board/University** | **Subjects** | | **Percentage/ Grade** | **Year** |
|  |  |  | |  |  |
| 10. Nature of Disability with % : | | | | | |
| 11. Category (SC/ST/OBC/General): | | | | | |
| 12. Total family income per month: | | | | | |
| 13. Fee Details: | | | | | |
| Payee Bank and Branch | Date of Draft(s) | | Draft No.(s) | | Amount |
|  | | | | | |
| 14. If in service, details: | | | | | |
|  | | | | | |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**For more information, Contact: 011- 27662602; email:** [**osd@eoc.du.ac.in,**](mailto:osd@eoc.du.ac.in,)

**PTO for Instructions**