EQUAL OPPORTUNITY CELL

University of Delhi

Short Term Courses (Duration- 3 months)

General instructions for filling the admission form of short term courses:

Application forms can be downloaded from <http://eoc.du.ac.in> or obtained from the EOC.

Please attach the following documents along with the form:

1. (a) Proof of last examination passed.
2. Proof of Disability Certificate, if applicable.
3. Proof of SC/ST/ OBC Certificate, if applicable.
4. College Identity Card.
5. 2 Passport size photographs.
6. Draft **(State Bank of India Only)** of the applicable fees should be drawn in favor of the **“The Registrar, University of Delhi”** and should be payable at Delhi**.** Please write your name, phone number, address and the course applied for the back side of the draft. Please note that separate drafts should be submitted for each course. Fee details are given below:

|  |  |  |
| --- | --- | --- |
| COURSES | FEES | ELIGIBILITY |
| Sign Language Interpretation (A-Level, B-Level+) | Rs. 2000/- (each)  Rs. 1000/- (each) for PwD, SC,ST &OBC | Ist Year Under Graduate onwards. |
| Communicative English (Basic) (for PwD, SC,ST & OBC only) | Rs. 500/- | Ist Year Under Graduate onwards. |
| Communicative English (Advance) (for PwD, SC,ST & OBC only) | Rs. 500/- | Ist Year Under Graduate onwards.  Certificate in Communicative English (Basic) |
| Information & Communication  Technology (for PwDs only) | Rs. 500/- | Ist Year Under Graduate onwards. |
| Disability and Human Rights | Rs. 2000/- (each)  Rs. 1000/- (each) for PwD, SC,ST &OBC | Ist Year Under Graduate onwards. |

\*Admission to sign language B-level will be considered only for candidates holding A-level certificate, respectively.

**Note:** 1. The course will not commence if no. of candidates are less than ten (10).  
2. If the candidate fails to take the admission because of any reason, he/she should collect the fee draft

within fifteen days from the date of beginning of classes failing which the draft will be forfeited.

3. The Sign Language Course is not certified by RCI.

4. All the above courses will be offered only to students of Delhi University.

5. The Competent authority reserves the right to withdraw any of the courses/ cancel the short term classes.

6. Students having less than 60% attendance in the class will not be allowed to appear in the examination. Relaxations if any on medical grounds will be determined on the production of a valid medical certificate and on the merits of the case.

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

**LAST DATE FOR SUBMISSION OF FILLED IN FORMS: 02nd of September, 2016**

ADDRESS: Equal Opportunity Cell, Faculty of Arts, University of Delhi, Delhi- 110007.

Contact: 27662602, E-mail: [osdeoc@gmail.com](mailto:osdeoc@gmail.com) website: <http://eoc.du.ac.in> **P.T.O**

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

**Application Form For Short Term Courses (Duration- 3 Months)**

**Last date for submission of forms: 02nd of September, 2016**

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

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

**For more information, Contact: 011- 27662602; email:** [**osdeoc@gmail.com**](mailto:osdeoc@gmail.com)