



EQUAL OPPORTUNITY CELL

University of Delhi, Delhi -110007

Application Form February, 2014 – June, 2014

Last date for submission of forms: 17th February, 2014

- 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

Paste your recent passport size photograph

| 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. Category (SC/ST/OBC/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 |
| | | | | |
| 14. If in service, details: | | | | |
| | | | | |

Signature _____

Date _____

For more information, Contact: 011- 27662602; email: osd@eoc.du.ac.in,

PTO for Instructions