



**EQUAL OPPORTUNITY CELL  
UNIVERSITY OF DELHI, DELHI - 110007**

Paste passport size photograph

**PROMOTING EDUCATIONAL EXCELLENCE  
WITH KOREA.**

*Application Form For Students With Disabilities*

1. Name:				
2. Father's/ Mother's/Guardian's Name:				
3. Current Address:				
4. Permanent address:				
5. Contact no:			6. E-mail:	
7. Date of Birth:			8. Sex :	
9. Current Course at University of Delhi				
Course	College/ Department	Subjects	Marks Obtained in last semesters (out of)	Percentage of Marks
*Academic arrear if any:				
10. Nature of Disability: VH <input type="checkbox"/> OH <input type="checkbox"/> HH <input type="checkbox"/> Any Other Specify: _____				
11. Extent of disability (%):				
12. Medical Ailments if any (Please attach a medical fitness certificate from a General Physician):				
13. Consent of the Parent/ Guardian (Please attach a letter): Yes _____ No _____				
14. Are you holding an Indian Passport (If yes than attach a copy of first two pages and last two pages): Yes _____ No _____				
15. Have you ever travelled abroad? If Yes: Country _____ Dates of last trip: _____ No. of Days _____ Purpose _____				
15. Languages Known: _____				

**\*Attach a copy of Disability Certificate and College Identity Card**

**\*Attach a copy of the latest mark sheet.**

**\* Filling all the columns of the form is mandatory.**

**\* I declare that information submitted above is true and any falsification will lead to cancelation of my candidature and/or disciplinary action.**

Forwarded by College/ Department

Signature of the candidate

Office stamp

Date: \_\_\_\_\_

**For more information contact Equal Opportunity Cell**

**On Ph. 27662602 or send email to [osd@eoc.du.ac.in](mailto:osd@eoc.du.ac.in)**