

DSeL

Delhi School of e-Learning,
Hoshiar Singh Public School Campus,
Ishwar Colony, Bawana, Delhi-110039

Ph: (011) 27752600
Mobile: 09810543333
<http://www.dsl.shtr.org>

APPLICATION FORM

ENTRANCE TEST SCORE _____ (If any)

UGAT/MAT SCORE _____ (If any)

ENTRANCE EXAM ROLL NO. _____

PROGRAM _____

PHOTOGRAPH

(Fill the form in CAPITAL LETTERS)

CATEGORY Full Time Part Time/Evening Distance Education

NAME Mr./Ms. _____

DATE OF BIRTH ____ DD ____ MM ____ YY AGE ____ Yrs. ____ Months ____ Days (As on 1st Oct.)

PLACE OF BIRTH _____ NATIONALITY _____ SEX: M F

POSTAL ADDRESS _____

PIN CODE _____

PERMANENT ADDRESS _____

PIN CODE _____

TELEPHONE (with STD code) _____

E-mail _____ MOBILE No. _____

FATHER'S /HUSBAND'S NAME Mr. _____

ADDRESS _____

MOTHER'S NAME Mrs. _____

ACADEMIC DETAILS (PLEASE START FROM MATRICULATION OR EQUIVALENT)

S.No.	Examination	Year	Board/University	Name of School/College	Subjects	% Marks

Professional Experience (If any)

(NOTE : YOU ARE REQUIRED TO SUBMIT THREE RECENT PASSPORT SIZE PHOTOGRAPHS AT THE TIME OF FILLING OF THIS FORM AND SIX RECENT PASSPORT SIZE PHOTOGRPHS AT THE TIME OF ADMISSION)

WORK EXPERIENCE (if any)

Sl. No.	Organisation	Designation	Period	
			From	To

FAMILY BACKGROUND

RELATION	NAME	OCCUPATION	ORGANISATION	
			NAME	ADDRESS (TEL. / FAX / E-MAIL / MOBILE)
FATHER				
MOTHER				
BROTHER				
SISTER				

CO-CURRICULAR ACHIEVEMENTS (if any) _____

WHY ARE YOU INTERESTED IN THIS PROGRAMME? _____

WHY DO YOU PREFER DS&L? _____

DECLARATION : I hereby certify that the information given above is complete and accurate to the best of my knowledge. I understand that the concealment or omission of facts may lead to the cancellation of admission or expulsion.

CANDIDATE'S SIGNATURE

Date :

FOR OFFICE USE ONLY

Remarks

Director

Convenor, Selection Committee

Date :