

## DEPARTMENT OF ADULT CONTINUING **EDUCATION & EXTENSION UNIVERSITY OF DELHI**

Affix a passport size photograph here

(Behind Faculty of Social Sciences), Delhi: 110007 Email: <a href="mailto:head.dacee.@gmail.com">head.dacee.@gmail.com</a>, Phone No: 011-27667280

## Application Form (Short-Term Courses)

Form No: 1. Name of the	Certificate Cou	rse			
2. Name of the	Name of the applicant (Capital Letters)				
3. Date of Birtl	1:				
4. Male / Female	Male / Female/ Third Gender (Others)				
5. Address:					
		Category: Gen/S	SC/ST/OBC/PH/Othe	rs	
6. Contacts: Mo	obile No	Phone no. with	STD code(R)		
7. Email ID					
8. Permanent A	ddress:				
9. Father's/Gua	rdian's/Husban	d's Name:	M.No		
10. Mother's Na	me:				
11. Academic Q	ualification:				
Examination Passed	Year of Passing	Name of the School/ College/University attended	Division & % of marks	Subjects Offered	
High School					
Sr. Secondary					
B.A./B.com/					
B.Sc. Others					
	nay vest the autho	and by the disciplinary jurisdiction to rity to exercise discipline under the			
Date			Signature of th	 ne Applicant	
2. Application for will have to pay	estimonials. ms can also be dow the application for	application form must be supportulated from the Department Website rm fee Rs. 20/- at the time of submission	orted by self-attested i.e. dacee.du.ac.in. Those	copies of	
course in He/She/Third the Course the	ion of d Gender hereby	y requested to deposit a fee or F Draft addressed to The Registr sity Branch.	is hereby ac Rs. 2200/- by Dated	ccepted/not acceptedfor	
Dated:			Head of the De	epartment/Institution	