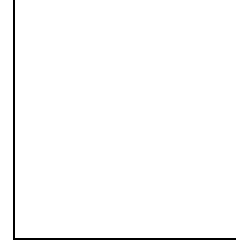


**UNIVERSITY OF MUMBAI
DEPARTMENT OF PHILOSOPHY
MUMBAI – 400 098**



**FORM OF APPLICATION FOR ADMISSION TO THE
CERTIFICATE COURSE IN VALLABH VEDANT &
VAISNAVISM**

1. Name of the applicant in full : **(in BLOCK Letters)**

Surname	First Name	Father's/ Husband's Name

2. Sex : _____
3. Nationality : _____
4. Place and date of Birth : _____
5. Qualification : _____
6. Date and case no. of the Provisional eligibility : _____
7. Local Address : _____

8. Permanent Address : _____
9. Whether employed Yes / No : Designation _____
10. Name and Address of the Office : _____
11. Telephone No. (if any) : Residence _____ Office _____

REQUIRMENTS

1. True copy / Xerox of the HSC / Degree Certificate and the mark sheet duly attested (must be) attached along with the application form.
2. Two passport size photographs are to be submitted with the application form.

I hereby declare that the above entries made by me are correct to the best of my knowledge. I assure you that if selected, I shall attend the course regularly and abide by the rules that may come into force from time to time.

(Signature of Candidate)

To be entered by the Office

Date of Registration : _____ Challan No. _____

Admission GRANTED / REFUSED

Signature (Head of the Department)