DIRECTORATE OF OPEN AND DISTANCE LEARNING
UNIVERSITY OF KALYANI
Study Centre: SUBHAS CHANDRA BOSE CENTENARY COLLEGE
Centre Code: M12
LALBAGH, P.O. & Dist- MURSHIDABAD
Email Address: **scbccdodl@gmail.com,** Ph. 03482/270643
Website: www.scbcc.ac.in, Fax: 03482/270543
Accredited 'B' Grade by NAAC

Date: 17.12.2022

NOTICE FOR VERIFICATION OF M.A. (DODL) ADMISSION 2022-23

This is for information to the candidates, those have admitted through online portal for admission into **Post Graduate M.A. Courses (1st Semester)** under **DODL, University of Kalyani** for the academic **session 2022-23**, **all the original testimonials, self attested photocopies of all the original testimonials, 03 (three) copies of E-Payment Receipt, Online Application Form and Filled up Enrolment Form (enclosed herewith)** to be produced at the time of Verification. **Dates of Verification for our Study Centre Candidates are given below.**

Subject(s)	Date	Time
BENGALI HISTORY	23.12.2022 - 24.12.2022	12 PM to 2.30 PM
EDUCATION ENGLISH	02.01.2023 - 03.01.2023	12 PM to 2.30 PM

By Order
TIC, SCBC College

UNIVERSITY OF KALYANI

ENROLMENT FORM FOR 2022-23
[To be field by the Candidate in his/ her own hand]
(IN CAPITAL LETTERS)
DIRECTORATE OF OPEN & DISTANCE LEARNING

Affix here a recent passport size colored Photograph

NAME OF THE COURSE	:	
SUBJECT	:	
STUDY CENTRE NAME WITH CODE	:	
AIN No.	:	
NAME OF THE STUDENT	:	

PHYSICALLY CHALLENGED : YES ☐ NO ☐
(give tick mark in the appropriate box)

RURAL /URBAN : R ☐ U ☐
(give tick mark in the appropriate box)

SEX : M ☐ F ☐ Transgender ☐

WHETHER BELONGS TO MINORITY COMMUNITY (IF YES, PLEASE SPECIFY) : YES ☐ NO ☐

DO YOU BELONG TO SC/ST/ OBC : SC ☐ ST ☐ OBC-A ☐ OBC-B ☐

BPL CATEGORY : YES ☐ NO ☐

MARITAL STATUS : Married ☐ Unmarried ☐

NAME OF THE FATHER	:	
NAME OF THE MOTHER	:	
NAME OF THE GURDIAN	:	
DATE OF BIRTH (as on Madhyamik Admit Card)	:	
Mobile No.		
Own E-mail id		
Aadhar/Voter Crad No.		

DATE OF ADMISSION : | | | | | 2 | 0 | 2 | 2 |

SESSION : **2022 - 2023**

NAME OF THE UNIVERSITY LAST ATTEND	:	
REGISTRATION NO. **(only for University of Kalyani Student)**	:	
PERMANENT ADDRESS WITH PHONE NO.	:	

EMPLOYED : YES ☐ NO ☐

_____
Countersigned of the Head of the Institution/Study Centre

_____
Signature of the candidate