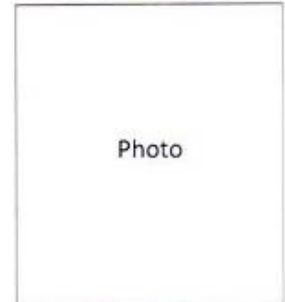




JADAVPUR UNIVERSITY
Faculty Council of Arts
Kolkata – 700032 INDIA
Application Form for Foreign Nationals
Certificate/Diploma/Advanced Diploma Courses



I. Biographical Information

1. Name of the Applicant (in block letters)

Last Name(surname) _____ First Name _____ Middle Name _____

2. Other Names that may appear on your academic records:

3. Mailing Address for Correspondence:

Pin Code/Zip Code City State Country

Telephone Number (Landline and Mobile):

Fax Number:

Email Address:

4. Permanent Address (if different from above)

Pin Code/Zip Code City State Country

5. Gender: Male/ Female

6. Date of Birth: (Day/ Month/ Year) :

7. Country of Citizenship:

8. Country by Birth:

9. Passport Number: Valid up to:

10. Native Language:

11. Medium of Instruction in School/ College/ Other Institutions attended:

II. Enrollment Objectives

Degree: Certificate/Diploma/Advanced Diploma (*tick one*)

Year/Semester of Enrollment:

Subject of Study:

III. Candidate's Academic Information:

Standardized Tests (if Applicable):

Graduate Record Examination (General):

Date Taken:

Subject:

Total Score:

Quantitative Score:

Graduate Record Examination (Subject)

Date Taken:

Subject:

Score:

Test of English (TOEFL/IELTS)

Date Taken:

Total Score:

SAT or Equivalent:

Date Taken:

Total Score:

IV. Have you ever enrolled as a student in any institution? List below the names of all Universities, Colleges and High Schools attended beginning with the most recent. Transcripts (if required) should be sent directly to the Principal Secretary, Faculty of Arts, Jadavpur University.

Examination passed	University/Board	Location (City/State/Country)	Subjects	Year of passing	Division/Class/Grade	Duration	Cumulative GPA

Names and Addresses of two referees:

1.

2.

V. Certification:

I certify that the information given in this application is current, complete and correct. I understand that omission or falsification of information contained herein or additionally furnished may result in invalidation of admission/registration and/or dismissal from the university.

By submitting this application, I accept and agree to abide by the rules and regulations of Jadavpur University, India, including those regarding drug or alcohol abuse, and I understand that the unlawful use of drugs or alcohol will subject me to due penalties if I am admitted as a student.

I understand that all information submitted to the Office of the Faculty Council of Arts in connection with this application will be treated confidentially and will be disclosed only to university officials having a legitimate educational interest, or as the law of the country decrees.

I will obtain the necessary visas and permits required for my residency as a student in India. If the conditions affecting my residency status change, I will notify the Office of the Faculty Council of Arts, Jadavpur University, in writing within fifteen (15) days of such change.

Name of Applicant (please print):

Signature of applicant:

(Application must be signed by Applicant)

Date:

Issued By: isa@jadavpuruniversity.in