



College of Vocational Studies (Evening)

(University of Delhi)

Triveni (Sheikh Sarai), Phase-II, New Delhi-110017 Phone : 29258544, 29258792

ADMISSION FORM

(To be filled in by the College Office)

Subject
Roll No.
Receipt No. Date
Amount
Cashier's Initials

100

To be filled in by the candidate
Course in which admission is sought
1. P.G. Diploma in Tourism (Option Foreign Language French / German)
2. P.G. Diploma in Book Publishing (Specialisation to be indicated (Editing / Book Production)

(To Be Filled in the the Candidate)

Name of Candidate (Block Letters) _____

Mother's Name _____

Father's Name _____

Date of Birth _____

Whether Belong to SC / ST / OBC / PWD / _____

Local Address _____

Tel No. If any _____ Mobile No. _____

Permanent Address _____

Office Address (If employed) _____ Tel. No. _____

College Last Attended _____

Last Examination Passed _____ Year of Passing _____

University From Which passed _____

University Enrolment No. _____

(Issued earlier by University of Delhi, If Candidate Had earlier passed any course from Delhi University)

Mother Tongue _____

Examination Passed	Medium of Instruction	Subject Studied	Max. Marks	Marks Obtained	Aggregate %	Division
1. B.A./B.Sc./B.Com						
2. M.A./M.Sc./M.Com.						
3. Any other						

College of Vocational Studies (Evening Classes)

Received from Mr./Mrs. as application for admission to the Post Graduate Diploma in Tourism/Book-Publishing.

Date _____

Signature of Receiving Officer _____

Distinction in sports / other extra-cirrcular activities, If any (Give Details)

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I declare that the information given above is correct.

Date _____

Signature of the Applicant

Note :

1. Candidates have to make their own arrangements for the practical training.
2. If any information given by the Candidate if found to be incorrect, admission will be cancelled.
3. Optionh for foreign language and specialisation will be final.

(To be filled in by the college Office)

Subject _____ Roll No. _____

Date _____

Co-ordinator / administrative officer

PRINCIPAL

Sl. No.	Name of the Candidate	Roll No.	Grade	Remarks