

Tel: 9014500509 / 9908213364

CENTRE FOR ENGLISH LANGUAGE TRAINING, UCE, OU, HYDERBAD - 7 APPLICATION FORM Affix your latest

1. Name of the Applicant : (CAPITAL LETTERS ONLY)			Photograph (Attested by Principal in case of OU Students and by Principal
2. Father's / Husband's Name : (CAPITAL LETTERS ONLY)			/Head/AR in case of OU employees, their spouses and their
3. Morning batch / Evening batch : (tick your choi	ice)		children)
4. Fee (DD / Online): D.D./T.ID./Ref.No		or Rsong, OU only)	dated
5. Educational Qualification :			
6. Date of Birth and Age :			
7. Address for Communication :			
8. Phone Number & email :			
 Are you a student of OU campus or constituent (If yes, obtain Principal's signature with seal student Id) 		Yes/No application for	m and the
10. Are you a regular employee of OU or son/daug (If yes, obtain Principal/Head/AR signature and the employee Id)			
DECLARATION			
I abide by the rules and regulations of the Centre conduct of the course. I understand that fee once allowed and 75% attendance is a must to receive to information. I will be punctual and take active particles of my communicative personality. The centre may	paid will not be refund the certificate. I will not articipation in the class.	led; no inter char t miss a single cl I'm responsible	nge of batches is ass without prior for the make-up
Date:		Signature of A	
(For Of	ffice Use Only)		•••••
Mode of Payment (D.D./T.ID./Ref.No.)		fo	r Rs
Through Da	atedR	eceipt No	
Batch No Batch	-		

Checked Counsellor