

CENTRE FOR DR. B.R. AMBEDKAR STUDIES
KURUKSHETRA UNIVERSITY KURUKSHETRA
(Established by the State Legislature Act XII of 1956)
(‘A+’ Grade, NAAC Accredited)

No. : CDBRAS/23/536.
Dated:..02.11.23

ADMISSION NOTICE

To

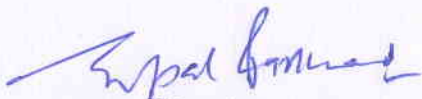
All the Chairpersons/Directors/Principals.
Kurukshetra University,
Kurukshetra.

Sir/Madam

The Centre for Dr. B.R. Ambedkar Studies is running successfully two **Computer Training Programmes in Basic Computer & Web Designing**. Online applications are invited for these training programmes as per details given below:-

Name of the Training Programme	Duration	Fee	
		SC/ST students	Other students
Basic Computer Training Programme	3 Months	Rs. 750/-	Rs. 1500/-
Web-Designing	3 Months	Rs. 750/-	Rs. 1500/-

All University students who are interested to join above said training programmes may download admission form from **kuk.ac.in** or contact to the office of **Centre for Dr. B.R. Ambedkar Studies**, K.U. Kurukshetra (Mob. 9518225972). Last date for submission of scanned copy of duly filled admission form (email: dirbrasc@kuk.ac.in) is **4.11.2023** The selected candidates are required to deposit fees through online (Director, Centre for Dr B. R. Ambedkar Studies) KUK, **Account No 39092309422, SBI, IFSC: SBIN0001600 KUK**) from **4.11.2023 to 7.11.2023** The session / classes will commence from **8.11.2023** for these training programmes.


Director
Centre for Dr. B.R. Ambedkar Studies
K.U. Kurukshetra-136119


Assistant Director
Centre for Dr. B.R. Ambedkar Studies
K.U. Kurukshetra-136119

**CENTRE FOR DR. B.R. AMBEDKAR STUDIES
KURUKSHETRA UNIVERSITY KURUKSHETRA**

Paste your
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size
photograph

ADMISSION FORM

Three Months Computer Training Programme (Basic & Web- Designing)

(2nd Batch: 08-11-2023 to 08-02-2024)

Name of the Candidate (In Block Letters) _____

Father's Name _____

Mother's Name _____

Date of Birth _____

Permanent Address _____

Pin Code: _____ Mob. No. _____

Correspondence Address _____

Pin Code: _____ Mob. No. _____

Educational Qualification _____

Caste (SC/BC/General) _____

Name of Dept, Class & Roll No. _____

Enclosures: - 10+2 Certificate Graduation Certificate Post Graduate Certificate

(Please tick) Caste Certificate Dept. Identity Card

Place:

Dated:

Signature of the Applicant,

Chairperson/Head of Dept. /
Principal of College with seal