



The Controller of Examinations
NETAJI SUBHAS OPEN UNIVERSITY
134/1, Meghnad Saha Sarani, Kolkata - 700029

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Sir/Madam

I would like to apply for Examinations stated below. I satisfy all the conditions for this purpose under the Regulations. I undertake that I shall abide by the decision, rules, and Regulations of the University. Any wrong information/non-compliance will render my candidature liable to be cancelled at any stage of the Examination as will be decided by the University. I have also read & understood the instruction printed in back page. Details are furnished below for your consideration.

STUDY CENTRE: [A-01] Nāhata Jogendranath Mondal Mahavidyalaya

NAME: SANTANU GHOSH DASTIDAR

Sign within the above box

ENROLLMENT NO: 09210010999 ELECTIVE SUBJECT: EMT-MATHEMATICS

TERM END EXAMINATION: DECEMBER - 2011 JUNE - 2012 MOBILE NO: 9933607570

SERIAL	SUBJECT CODE	PAPER	DESCRIPTION	CROSS <input checked="" type="checkbox"/> The Box if you don't want to appear in the Subject
01	FBG		Foundation Course in Bengali	<input type="checkbox"/>
02	FEG		Foundation Course in English	<input type="checkbox"/>
03	EMT	1	Differential calculus and its Geometric Applications	<input type="checkbox"/>
04	EMT	2	Integral Calculus and Differential Equations	<input type="checkbox"/>
05	AOC	3	Household Chemistry	<input checked="" type="checkbox"/>
06	ENVS		Environmental Studies	<input checked="" type="checkbox"/>
07	S-1	I	Physics - I	<input type="checkbox"/>
08	S-2	II	Physics - II	<input type="checkbox"/>
09	S-3	III	Physics Practical - III	<input type="checkbox"/>
10	EMT	11		<input type="checkbox"/>
11	EMT	12		<input type="checkbox"/>
12	EMT	13		<input type="checkbox"/>
13	EMT	14		<input type="checkbox"/>
14	EMT	15		<input type="checkbox"/>
15				<input type="checkbox"/>
16				<input type="checkbox"/>
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18				<input type="checkbox"/>
19				<input type="checkbox"/>
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21				<input type="checkbox"/>
22				<input type="checkbox"/>

The above particulars have been verified and found correct

Signature of the Co-ordinator with seal