

**THE ENGLISH AND FOREIGN LANGUAGES UNIVERSITY  
LUCKNOW CAMPUS, LUCKNOW**



**2-Rana Pratap Marg, Moti Mahal Campus, Lucknow-226 001  
Phone No. (0522) 2200009, 2616073**

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**Application for Admission to Certificate of Proficiency in English and Communication Skills**

ALL ENTRIES MUST BE TYPED OR WRITTEN IN BLOCK LETTERS

Space for  
photograph  
(self  
attested)

1. Name in full: Mr. /Miss/Mrs. : \_\_\_\_\_
2. Father's/Husband's Name : \_\_\_\_\_
3. Mother's Name : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Place of Birth : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Mother Tongue : \_\_\_\_\_
8. What languages other than your mother tongue can you-

Speak?	Read?	Write?

9. Do you belong to a Scheduled Caste or Scheduled Tribe/OBC Yes ( ) No ( )

OBC ( ) SC ( ) ST ( )

If yes, attach details (certificate)

10. Marital Status: Single ( ) Married ( )

11. a) Mailing address b) Permanent address

Pin Code:  
State:  
Phone No.:

Pin Code:  
State:  
Phone No.:

Academic records (Please attach self attested xerox copies of the certificates.)

Examination Passed/Appeared for/appearing for:	University/Institution	Subjects	Div./Class/Overall Grade	Percentage of Marks (if available)	Year of Passing

**UNDERTAKING**

I ..... S/O, D/O, W/O ..... a student of ..... will abide by the following rules of the EFL University Lucknow Campus, Lucknow.

1. I shall be regular to classes. If I am absent without valid reason for more than five days, the Director can cancel the admission and no refund will be paid to me.
2. I shall maintain discipline and decorum on the campus, failing which the Director can cancel the admission for which no refund will be given.
3. If I opt to leave the course any time after the payment of the fee, I shall not demand refund of my fees.
4. I *shall* not get certificate of attendance, if my attendance is below 75%.
5. I shall follow all the rules laid down by the E F L University from time to time.

Date:

Signature of the applicant

Place

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**For Office Use Only**

Eligible/Not eligible

Admitted/Not admitted

DC

Asst. Registrar

Director

Fee paid receipt No.:

Date:

Amount Rs.

Cashier Signature