

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



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

Application for Admission to Part-time Courses in French/ Russian / Spanish

ALL ENTRIES MUST BE TYPED OR WRITTEN IN BLOCK LETTERS

Name of the Course: COP/Diploma/Advanced Diploma in _____

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 : _____

**Space for self
attested
photograph**

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 ()

 If yes, attach details (certificate) OBC () SC () ST ()

10. Marital Status: Single () Married ()

11. a) Mailing address

b) Permanent address

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

Pin Code :
State :
Phone No. (if any) :

Pin Code :
State :
Phone No.(if any):

12. Academic records (Please attach attested copy 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

IS/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. In case of absence, the permission of the Director will be taken. The Director can cancel the admission for which no refund will be paid to me, if I am absent without valid reason for more than five days. Not more than 10 days leave will be granted during the entire course.
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 follow all the rules laid down by the E F L University from time to time

Date:
Place:

Signature of the applicant

For Office Use Only

Eligible/Not eligible

Admitted/Not admitted

D.A.

Asst. Registrar

Director

Fee paid receipt No.:

Date:

Amount Rs.

Cashier's Signature