



University of Mumbai

CENTRE FOR AFRICAN STUDIES

Area Studies Bldg. Kalina Campus,
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**Application Form for Admission to the Certificate Course in International Trade (Africa)
Academic Year 2013 - 2014**

01. Name of the Applicant (Beginning with surname in BLOCK LETTERS)	
02. Date of Birth	
03. Mother – Tongue	
04. Nationality	
05. Do you belong to the S.C./S.T. Backward Class? If so, Please Give details.	
06. Father’s/Guardian’s Name and Occupation	
07. Employed/Unemployed. If employed the Name and address of employer	
08. Address for correspondence	
09. Permanent Address	
10. Telephone and Mobile No. If any	
11. E – mail ID	
12. *Particulars regarding Educational Qualifications (Starting with H.S.C. XII th)	

Examination and Year of Passing	Name of the School/College	Name of the Board/University	Subject Offered
(i)			
(ii)			
(iii)			

13. ** The number and date of Provisional Eligibility Certificate: No. _____ Date: _____

*True/Xerox copies of the Certificate/Mark-sheet duly attested must be attached to the form.
**This applies to the students of other Board/University joining this University.

Date: _____

Signature of the Applicant

I hereby declare that the above entries made by me are correct to the best of my knowledge. I assure that, if selected I shall attend the classes regularly and abide by the rules that may come into force from time to time.