



University of Mumbai

CENTRE FOR AFRICAN STUDIES

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**Application Form
Certificate Course in International Trade (Africa)**

Academic Year–2016– 2017

01. Name of the Applicant (Beginning with surname in BLOCK LETTERS)	SURNAME	FIRST NAME
	MIDDLE NAME	MOTHER NAME
02. Date of Birth		
03. 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		
08. Address for Correspondence		
09. Permanent Address		
10. Telephone and Mobile No.if any		
11. E-mail ID		

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

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.

Date: _____

Signature of the Applicant -----

(Please send duly filled form on email id – africanstudies2014@gmail.com)