**Centre for African Studies**

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University of Mumbai

**Application Form**

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

Academic Year–**2018– 2019**

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| 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 |  |

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| Examination | 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 – africanstudies2017@rediffmail.com)