

**CENTRE FOR DR. B.R. AMBEDKAR STUDIES**  
**KURUKSHETRA UNIVERSITY KURUKSHETRA**  
(Established by the State Legislature Act XII of 1956)  
(‘A++’ Grade, NAAC Accredited)

No. : CDBRAS/24/...720  
Dated: 10.06.2024

**ADMISSION NOTICE**

To

All the Chairpersons/Directors/Principals,  
Kurukshetra University,  
Kurukshetra.

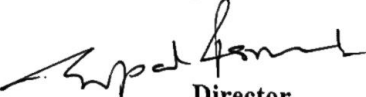
Sir/Madam

The Centre for Dr. B.R. Ambedkar Studies is running successfully two **Computer Training Programmes in Basic Computer & Web Designing**. Online applications are invited for these training programmes as per details given below:-

Name of the Training Programme	Duration	Fee	
		SC/ST students	Other students
Basic Computer Training Programme	3 Months	Rs. 750/-	Rs. 1500/-
Web-Designing	3 Months	Rs. 750/-	Rs. 1500/-

All University students who are interested to join above said training programmes may download admission form from [kuk.ac.in](http://kuk.ac.in) or contact to the office of **Centre for Dr. B.R. Ambedkar Studies**, K.U. Kurukshetra (Mob. 9518225972). Last date for submission of scanned copy of duly filled admission form (email: [dirbrasc@kuk.ac.in](mailto:dirbrasc@kuk.ac.in)) **29.06.2024** The selected candidates are required to deposit fees through online (Director, Centre for Dr B. R. Ambedkar Studies) KUK, **Account No 39092309422, SBI, IFSC: SBIN0001600 KUK**) from **11.06.2024 to 29.06.2024**. The session / classes will commence from **01.07.2024** for these training programmes.

  
Assistant Director

  
Director

**CENTRE FOR DR. B.R. AMBEDKAR STUDIES  
KURUKSHETRA UNIVERSITY KURUKSHETRA**

Paste your  
passport  
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**ADMISSION FORM**

**Three Months Computer Training Programme (Basic & Web- Designing)  
(4<sup>th</sup> Batch: 01-07-2024 to 30-09-2024)**

Name of the Candidate (In Block Letters) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

Pin Code: \_\_\_\_\_ Mob. No \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Pin Code: \_\_\_\_\_ Mob. No. \_\_\_\_\_

Educational Qualification \_\_\_\_\_

Caste (SC/BC/General) \_\_\_\_\_

Name of Dept, Class & Roll No. \_\_\_\_\_

Enclosures: - 10+2 Certificate  Graduation Certificate  Post Graduate Certificate

(Please tick) Caste Certificate  Dept. Identity Card

Place: .....

Dated: .....

\_\_\_\_\_  
Signature of the Applicant,

Chairperson/Head of Dept. /  
Principal of College with seal