## 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/25/.25.8 Dated...|.||2.|2.025.....

## EXTENDED ADMISSION NOTICE (for Tally Courses)

To All the Chairpersons/Directors/Principals Kurukshetra University Kurukshetra Sir/Madam

Center for Dr. B.R. Ambedkar Studies, KUK has reintroduced **Tally Courses** from the current academic year (2024-25) in collaboration with M/s. Swastik Institute of I.T & Mgt., Rohtak (an authorized local partner of Tally Education Pvt. Ltd.). Online application are invited for tally Courses as per details given

1	۱					
be	ı	0	٦	X.	,	
UC	1	v		'n		

Sr.	Particulars	Duration	Course Fee	Course Fee
No				Course ree
			Fee for SC/ST	Other Students
1.	Tally Prime Rental MUL	NA	Complimentary	Complimentary
2.	Certification and Study Material per	35 Hours	Rs. 2250/-	Rs. 2500/-
	Student Tally Essential Level 1		13.2230,	13. 2500/-
3.	Certification and Study Material per	35 Hours	Rs. 2250/-	Rs. 2500/-
	Student Tally Essential Level 2		10. 2250/-	NS. 2300/-
4.	Certification and Study Material per	35 Hours	Rs. 2250/-	Pa 2500/
	Student Tally Essential Level 3		10. 2230/-	Rs. 2500/-

All University students who are interested in joining the above said courses may download admission form Kuk.ac.in or contact to the office Centre for Dr. B.R. Ambedkar Studies, Kurukshetra University Kurukshetra. (Mob No. 9518225972). Last Date for submission of scanned copy of duly filled admission form (email: dirbrasc@Kuk.ac.in) has been extended upto 15.12.2025. The Candidates are required to deposit fees through online mode (Centre for Dr. B.R. Ambedkar Studies, KUK, Account No. 39092309422, SBI, IFSC: SBIN0001600, KUK From 01.12.2025 to 15.12.2025. The classes for Tally Courses will commence from 16.12.2025.

Director

1/12/2025



## CENTRE FOR DR BR AMBEDKAR STUDIES

STETRA UNIVERSITY Z		IETRA UN (Established by the		KURUKSHET		TUTE
		Admis	sion For	m		
Name of Candidate: Father' Name: Date of Birth: Category: Please specify the Co	(SC/BC/General) urse/Certification opted fo			F	size ph	ur passport otograph
			Essential Leve			
	AD	DRESS FO	R COMMUNI	ICCATION		
Address line 1: Address Line 2 City: Mobile No.: Whats app No. E-Mail:		ACADEMIC	CQUALIFICA	ATIONS		
S. N. Inst	itution/Board/University	Degree	Subject	ATION'S	Percentage/ CGPA	
1 . HSC/		Degree	Subject		Toroniager COTT	Year
2 Gradu 3 Post C						
Dept./College	Graduation		Class		Roll No.	
	Certificate Gradua	tion Certificat		Post C :: 'uate Cert		
(Please tick) Caste	Certificate Dept. Id	lentity Card		*		
I hereby decla My signature belo University.	are that the information pro w certifies that I have r	vided by me	CLARATION in the applica good and agree	tion is true and a	orrect to best of my kr nd regulation of TIL	owledge. & Kurukshe
Place: Dated.				ıladı -	Signature of the	e Applicant