

**DEPARTMENT OF GERMANIC AND ROMANCE STUDIES  
FACULTY OF ARTS, UNIVERSITY OF DELHI  
DELHI-110 007  
2024-2025**

Form No. \_\_\_\_\_

**FORM FOR ADMISSION TO Full-time Intensive Advanced Diploma in Portuguese**

**COURSE APPLIED FOR** \_\_\_\_\_

1. Name (in Capital Letters): \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_ 4. Nationality \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_ 6. Applicant's Occupation \_\_\_\_\_
7. Local Address: \_\_\_\_\_  
Email.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ Tel. No.: \_\_\_\_\_
8. Were you a student of this Department before? If yes, mention Course/Language and year with results:  
(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_
9. Are you studying or have applied for admission to any other course in this University? If yes, give details:  
Course \_\_\_\_\_ College / Institution \_\_\_\_\_
10. Univ. Enrolment No.: \_\_\_\_\_ Have you taken Migration Certificate from the Delhi University?  
If so, give details: \_\_\_\_\_
11. Do you belong to any Reserved Category? Yes/No (Tick appropriate category and provide required details)  
a) SC / ST, Reg. No. / Date \_\_\_\_\_ b) OBC, Reg. No. / Date \_\_\_\_\_ c) EWS \_\_\_\_\_  
d) Physically Challenged \_\_\_\_\_ e) Child/widow/wife of Armed Forces personnel killed or disabled in action \_\_\_\_\_

Department of Germanic and Romance Studies, University of Delhi

**Form No.....**

Received an application form from Mr. / Ms. \_\_\_\_\_  
Father's name \_\_\_\_\_

(Dealing Assistant)

**Bring this counterfoil for the Entrance Test to be held on 25<sup>th</sup> July 2024 at 11:00 am**

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12. Particulars of Examination Passed:

Examination	University / Board	Year and Roll No.	Division / Class	Aggregate %age	Subjects offered

I declare that the particulars given in the application are complete and correct to the best of my knowledge.

Signature of Candidate

- If any information furnished by the candidate is found to be incorrect, his/her admission is liable to be cancelled.
- Form may be deposited at the Department till 22<sup>th</sup> July 2024 between 10:00 am to 1:00 pm from Monday to Friday (except Saturday, Sunday & gazette holiday).
- Self-attested documentary proof to be enclosed for all the above mentioned details alongwith the form.

**FOR OFFICE USE ONLY**

Eligibility and other particulars verified.

Section Officer

Dealing Assistant

Recommended for provisional admission to \_\_\_\_\_

HEAD OF DEPARTMENT

Convener  
Admission Sub-Committee

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