



BANARAS HINDU UNIVERSITY
D.S.T. Centre for
Interdisciplinary Mathematical Sciences
Varanasi - 221 005

Application form for Admission to L^AT_EX Programme
(This is a fillable PDF form. You can't save after filling. Fill it and print it.)

1. Name of Applicant (in BLOCK letters) _____
2. Father's Name _____
3. Status / Designation _____
4. Department _____
5. Local Address _____

6. E-mail address _____
7. Telephone Number _____
8. Date of Birth _____ Nationality _____ State _____
9. Sex (Male / Female) _____
10. Operating systems known (MS-DOS/MS Windows/Linux/Unix): _____
11. Level of knowledge of computers (Good/Moderate/Nil) : _____
12. Access to Computer (Lab / Home / Both / No access) : _____
13. Prior knowledge of T_EX/L^AT_EX (Yes/No) _____
14. Reasons for joining the course : _____

Signature of the Applicant

Signature of Supervisor

Signature of the
Head of the Department
(with seal)