

Application No.



# St. PETER'S UNIVERSITY

## St. Peter's Institute of Higher Education and Research

(Declared under section 3 of the UGC Act. 1956)  
NAAC Accredited & ISO 9001:2008 Certified Institution  
Avadi, Chennai - 600 054, Tamilnadu, India.

Phone : 044 - 26558080-84. Fax : 044-26555430

e-mail : registrar@stpetersuniversity.org / research@stpetersuniversity.org

Website : www.stpetersuniversity.org



### M. Phil. REGISTRATION FORM (FULL TIME) IN THE DEPARTMENT OF ..... ACADEMIC YEAR 2017 - 2018

Affix Recent  
Passport Size  
Colour Photograph

M. Phil. Programmes			
1.	Mathematics	5.	Computer Science
2.	Physics	6.	Computer Applications
3.	Chemistry	7.	Bio Technology
4.	English	8.	Management Studies

Note : put a ✓ mark against the department chosen

Eligibility : 10+2+3/4+2/3 Scheme in the concerned discipline under full time studies

(To be filled in English)

1. Name  
(In Block Letters as in qualifying certificate) : .....
2. (a) Gender : Male / Female / TG  
(If TG, enclose Medical Certificate)
3. Date of birth (in christian era) & age : .....  
(Enclose attested copy of the school leaving certificate as proof) : .....
4. (a) Nationality : .....
- (b) Religion : .....
- (c) Social Status : OBC / MBC / SC / ST/ Others  
(As per State / Central List)
- (d) Community : .....

5. Name of Father / Guardian : .....
6. Name of Mother : .....
7. (a) Are you a single girl child ? : .....
- (b) Are you Physically Handicapped ? : Yes / No  
(If Yes, enclose Medical Certificate) .....
8. Blood Group : .....
9. AADHAAR No. : .....
10. Address for Communication with Pin code : .....
11. Mobile No. / e-mail ID : .....
12. Academic Qualification :

Degree / Diploma	Name of the School / College	Board / University	Major Subjects / Discipline	Percentage of marks / CGPA & class obtained
SSLC				
HSC				
UG Degree				
PG Degree				
Others				

Enclose attested copies of the certificates.

13. Major area of research proposed
14. Papers Published in Journals / Conferences  
(Additional sheet can be attached)
15. CONSENT OF THE HEAD OF THE DEPARTMENT

Consent of the Head of the Department where the candidate proposes to register

Yes / No

Place :

Signature :

Date :

Name :

Department :

## DECLARATION

1. The information furnished is true and correct to the best of our knowledge and belief. The original certificates will be produced at the time of admission or on demand. If any information is found incorrect or false, no matter at what stage of the course or class it is, we agree to forfeit any claim for admission.
2. We agree to abide by the rules and regulations now in act and those that may come into effect from time to time of the University / UGC.
3. We accept that upon admission, fees paid to the University is not refundable.
4. We further accept that if the student leaves the University in the middle of the course, the transfer and other certificates will be issued only, after all the dues have been cleared.
5. Admission is provisional and confirmation is subject to verification of eligibility as per the regulations.

PLACE :

DATE :

**Signature of the Applicant  
(In English)**

**Signature of the Parent / Guardian**

**Name :**

**Name :**

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## FOR OFFICE USE

1. Whether certificates verified : \_\_\_\_\_
2. Whether eligible for admission : \_\_\_\_\_
3. Marks obtained in entrance test : \_\_\_\_\_
4. Accepted / Rejected : \_\_\_\_\_

**Signature of Dean (R&D)**

**Registrar**