



**APPLICATION FORM FOR REGISTRATION**

**M. Phil. (FULL TIME)**

IN THE DEPARTMENT OF

**ACADEMIC YEAR : 20 - 20**

Affix Recent  
Passport Size  
Colour  
Photograph

- \* Choice of Programme (Tick ✓ in the appropriate box)
- \* 10+2+3/4/+2 Scheme in the concerned discipline under full time studies

01	Mathematics		06	Computer Applications	
02	Physics		07	Bio Technology	
03	Chemistry		08	Management Studies	
04	English		09	Commerce	
05	Computer Science				

01(A) Name of the Applicant

(In BLOCK LETTERS with Initial at the end) as in the qualifying certificate)

02(A) Date of Birth (in Christian era)

D	D	M	M	Y	Y	Y	Y
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(Enclose attested copy of the school leaving certificate as proof)

02(B) Age as on (01-07-2017)

D	D	M	M	Y	Y	Y	Y
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03(A) Gender

Male

Female

TG (If TG, enclose medical certificate)

03(B) Are you a single girl child ?

Yes

No.

04(A) Nationality

04(B) AADHAAR No.

04(C) Religion

04(D) Community

04(E) Social Status (As per State/Central list)

04(F) Mother Tongue

OBC

MBC

SC

ST

OTHERS

04(G) Blood Group

05(A) Communication Address

S/o, D/o

05(B) Permanent Address

S/o, D/o

Pin Code

Pin Code

Phone No.  
(With Code)

Phone No.  
(With Code)

Mob No.

Mob No.

06 (A) Name of Father/Guardian	
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06 (B) Name of Mother	
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07 Occupation of Father/Mother/Guardian	
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08 (A) Place of Birth (Village/Town/City)	
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08 (B) District		08 (C) State	
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09 (A) Are you Physically Handicapped? (If yes, enclose Medical Certificate & Government Certificate)	Yes		No.	
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10 E-Mail ID		11 Mobile No.	
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12 Academic Qualification (Enclose attested copies of the certificates.)

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				

13 Major area of research proposed	
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## DECLARATION BY THE CANDIDATE

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief. I have read the Regulations for the M.Phil. Programme of the institution

Place	
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Date	D	D	M	M	Y	Y	Y	Y
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Name & Signature of the Applicant  
(in English)

Name & Signature of the HOD(with Seal)

## CONSENT OF THE HEAD OF THE DEPARTMENT

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

Yes

No

Signature

Place		Name								
Date	D	D	M	M	Y	Y	Y	Y	Department	

## FOR OFFICE USE ONLY

1. Whether certificates verified :

2. Whether eligible for admission :

3. Marks obtained in entrance test :

3. Accepted / Rejected

\_\_\_\_\_  
Signature of Dean (R&D)

\_\_\_\_\_  
Registrar