

**DEPARTMENT OF MANIPURI
ASSAM UNIVERSITY, SILCHAR**

Application form for open course choice: 203

Name of the Students (in Block Letters):

Department:

Email :

Contact No:

WhatsApp No:

Title of the Open Choice Paper Applied For:

Signature of the Students

Recommendation of the head of the Department of Students:

Signature of the HOD with Seal

For use in the office of the HOD, Manipuri

Observation of the HOD

Signature of the HOD, Manipuri

