

ASSAM UNIVERSITY

(A Central University established in 1994) SILCHAR – 788011 (ASSAM) Affix latest passport size photograph duly attested by Principal of the College/ Head of the University Department last attended or by a gazetted officer

APPLICATION FORM FOR REGISTRATION FOR M. Phil. DEGREE

SUBMITTED TO THE DEPARTMENT OF	
A] Tick(✓) the box whichever is applicable for you.	
 Qualified NET/JRF/GATE Teacher of AU affiliated colleges / permitted colleges Teacher in college /P.G. Department in any university other than AU Scientist/ Professional. Candidate not falling in any of the above categories. 	J.
B] Department in which you intend to get registered:	
C] Do you belong to Scheduled Caste (SC) or Scheduled Tribe (ST), OBC or Disability (PWD) category (Enclose documentary evidence in support of y SC ST ST OBC PWI	our claim)
D] Assam University Registration No.:	
Registration No. Year of registration	
Name of the candidate. (in block letters)	
2. Mother's name :	
3. Father's name:	
4. Date of Birth	
5. Sex: Male Female	
6. Permanent Address (in full)	

				(Π)				
7.	Present Address (postal)							
					PIN			
8.	(a) Nationality: (Visa should be e						••••••	
9.	Details of the Examination passed : (Enclose documentary evidence for the entries in these columns)							
ı	Name of the	Board/	Year of	Cubicat(a)	<u> </u>	Marks		
	Examination	-		Subject(s)	Obtained		%	
		University	passing		Obtained	Maximum	70	
	HSLC / Equivalent							
	Examination of							
	10 th level							
•	HS/Equivalent							
	Examination of							
	10+2 level							
	Bachelor							
	degree /							
	Equivalent							
	degree							
	Master degree							
	/ Equivalent							
	degree							
	Any other							
	degree							
	IPP Course							
	Work							
10	If there is any con	n / diagontina	eiter in oter	dias state the	massam(s) ala	en a rusith molor		
10.	If there is any gardocumentary evi	•	arty iii stu	uies, state tile	reason(s) aro	ng with refev	anı	
11	Name and addre	ss of instituti	on from w	vhere vou hav	e passed the	gualifving		
	. Name and address of institution from where you have passed the qualifying examination:							
12.	Whether previou	sly / present	tly employ	ved? Yes	□ No	 > □		
·								
	If yes, (i) Name of (No Objection Ce						•••••	
				,				

,	and field of specialization at Post-Graduate
	tion (if any):
	(attach separate sheets, if necessary)
15. Title of	the proposed dissertation (in block letters)
16. Synops	is on proposed research topic (Approx 1000 words) (attach extra sheets)
	and designation of the Supervisor (proposed):
•••••	
18. Title Re	egistration fee/ admission fee paid vide receipt No
other u	er previously or currently registered in any M. Phil. Programme in AU or any niversity No ve the details
Date :	Signature of the candidate
	RECOMMENDATION OF THE SUPERVISOR
do disserta	at Shri/Smt
Date:	Signature of the Supervisor (proposed)
	RECOMMENDATION OF THE BPGS
The provision	onal registration of Shri/ Smt for
M.Phil. Prog	gramme is recommended vide BPGS resolution No dtd dtd.
Date:	HOD & Chairman. BPGS
	Department of

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(To be filled in by the office of the Dean concerned)

1.	Name of the candidate:
2.	Department
3.	Title of the dissertation for research work
4.	Name and designation of the External Experts who examined the proposal :
	(i)
	(ii)
5.	Date of approval of the school Board:
6.	
7.	Result of Course Work Exam:
D	ate: Signature of the Dean of the
	School of
	(Office seal)

IMPORTANT INSTRUCTIONS TO CANDIDATE

- A. All entries must be in the candidates own handwriting.
- B. The form should be duly filled in and complete in all respects.
- C. Put tick (\checkmark) mark wherever applicable.
- D. The form should be submitted as per instruction of the concerned authorities.
- E. The form should be accompanied by attested/ self attested copies of the following documents:
 - (i) HSLC, HS, Degree and Master Degree Certificates
 - (ii) Marksheets of all examination passed.
 - (iii) No Objection Certificate from employer, if employed.
 - (iv) Copy of A.U. Registration Certificate.
 - (v) SC/ST/OBC /PWD Certificate, if applicable.
 - (vi) Certificate of good health from a registered medical practitioner.
 - (vii) Certificate from Principal /HOD/ Gazetted Officer regarding intervening gap, if any, as mentioned at item No.10 in the application form.
- F. Application should be submitted in triplicate alongwith five copies of detailed research proposal and five copies of abstract of the proposal.