(To be filled by the candidate) Name of the course based on which admission is		DIBA _C	7881TY		No.	
sought		नेवत कुर सर्थ			Affin	x passport
Total Marks Secured out of					AIII	size
PC of MarksDivision	CHIMANAADX		EADDE I		_	otograph
UGC-NET (including JRF) / UGC-CSIR NET (including JRF) / SLET / GATE / GPAT percentage/percentile	SUMMARY FOR AD		here			
Department into which Admission 1. Applicant's Name in Full (BLOO	-					
Surname		r./Miss/Mrs.			Name	
2. Whether hostel accommodation						
(Please tick appropriate box)		Yes	No			
3. Date of Birth	4.	Registration	110			
Date Month Yea	r	No.	Year	<u> </u>	University	
5. (a) Caste (Please tick appropriate bo	ox)	(b)	Sub-	Caste		
SC ST(P) ST(H) 6. Particulars of Father/Guardian/F	OBC MOBC	Others	tion)			
N				(R)		
Name				(K)		(M)
Address		e-mail II				
District						
7. Permanent Home Address						
P. O						
8. Particulars of Local Guardian :						
Name			(R)(M)			
Address		P.O.		Pin		
9. Blood Group						
10. Examination Passed (Beginning						
	Name of University/Board/		Roll	Year of	Class	% of
Name of Examination	Council		No.	Passing	Division	Marks
11. If employed, give particulars her	re					
Date					Signature	of Applicant
	(For C	Office Use Only)				
Student No			Date of	of Admission	ı	

Joint Registrar (Academic) Dibrugarh University

Admitted _____

Signature & Date _____

Head Department of

Application For Admission into the Ph.D. / M. Phil Courses

No.

Merit Abstract (To be filled by the candidate) Name of the course based on which admission is sought Total Marks Secured_ out of_



To be submitted to the Head of the Department concerned on or before:

Dibrugarh - 786 004

PC of MarksDivision UGC-NET (including JRF) / UGC-CSIR NET (including JRF) / SLET / GATE / GPAT percentage/percentile	NET (including JRF)/ UGC-CSIR (including JRF) / SLET / GATE /				
	Course:				
	Department	:			
	Session:				
1. Applicant's Name in Full (BLO	CK CAPITALS)		-		
Surname		Mr./ Miss. /Mrs.		Name	
2. Father's Name :					
3. Mother's Name :					
4. Father's/Guardian's (if father is d Name, Occupation and Address	• '				
Name			Occupation		
Address					
			Pin		
5. Address for correspondence :					
			Pin		
Phone	(R)_		(Mobile) e-mail_		
6. Date of Birth: (Attach H. S. L. C. Certificate)	Day Month	Year	7. Nati	onality:	
8. Sex: Male Femal	le	9. Marital St	tatus: Married	Unmarr	ed
10. Blood Group					
11. Community : SC / ST(P)	/ ST(H) / OBC	/ MOBC /	General 12	2. Religion :	
(Attach certificate from competent	t authority)		-		
13. Where to reside ? At home	University Hostel	Out side			
14. Are you employed? Ye	es / No				
(If yes, submit no objection certifi	cate from the employer)				
15. Are you on deputation? Ye	es / No				
* * I	<u>s / No </u>				

	egistration No. of the Un	·				
	Qualification starting fro ed copies of marksheets and					
Examination Passed	Board/Council/ University	Roll No.	Year of Passing	Div./ Class	Percentage of Marks	Subjects Taken
10th standard	•		_			
10+2						
10+2+3						
18. Academic di prizes/schola (Attach certifi	<u> </u>					
•	rricular Activities activities and furnish testim	onials)			- 7	
	erently abled (physically certificate from the compet)?	Yes	/ No	
21. Are you unde	ergoing any course of stu	dy at present	? If yes, giv	e details		
		U	INDERTA	KING		
Dibrugarh Unive chancellor and o	ersity that will be in for	ce from time niversity who	to time. I so may be ver	submit m sted with	nyself to the d	les, Regulations, Orders etc. of the lisciplinary jurisdiction of the Vice- under the Act, Statutes, Ordinances,
if any of them i		my admissi	on shall be			pest of my knowledge and belief and and I shall be liable to such other
Date :						Full signature of the applicant
		T _C	or Office Us	a Only		
0.1 . 1D		F	ir Ojjice Os	e Only		D: 1
1. General	visionally Under Merit List					Rejected
2. SC/ ST 3. Reserve	_					Remarks :
Chairman, A	dmission Committee	He	ad of the De	partmen	t	Jt. Registrar (Academic)