



**OFFICE OF THE REGISTRAR:: DIBRUGARH UNIVERSITY:DIBRUGARH**

Memo No.: DU/DR-A/DU PG CBCS/19/1013

Date: 28.08.2019

**2<sup>nd</sup> NOTIFICATION**

**Regarding Offering of the Ability Enhancement Courses (AECs)  
In the Post Graduate Programmes  
Session 2019-2020**

This is to notify for information of all concerned that the following Ability Enhancement Courses of (2 Credit each) are offered by the various Teaching Departments/ Centres for Studies for the session 2019-2020. The Students are hereby advised to contact with the concerned Teaching Department/ Centre for Studies for getting admission to the relevant Course. The AECs shall be inter-disciplinary as well as intra-disciplinary in nature.

**Details of the AECs**

<b>Title of the Courses</b>	<b>Semester</b>	<b>Department offering</b>	<b>Name of the Course Teacher</b>	<b>Intake</b>	<b>Day and Time</b>
Election Studies	1 <sup>st</sup> Semester	Political Science	Prof. Rudraman Thapa Dr. Borun Dey	30	Thursday and Friday 3.30 to 4.30 pm

The enrolment to the AECs shall be done on *First Come First Serve* basis by the Teaching Department/ Centre for Studies concerned.

Further, the Students are advised to apply for admission in the prescribed format attached herewith as Annexure A and submit the same at the Teaching Department/ Centre for Studies concerned by 09.09.2019.

The concerned Teaching Department/ Centre for Studies concerned shall notify the list of enrolled students in the Departmental Notice Board by 13.09.2019.

Issued with due approval.

(Dr. B.C. Borah)  
Joint Registrar (Academic)  
Dibrugarh University

Copy to:

1. Hon'ble Vice-Chancellor, Dibrugarh University
2. The Deans, Dibrugarh University

3. The Registrar, Dibrugarh University
4. The Head of the Department of Political Science, Dibrugarh University for information and needful.
5. The Programmer, Dibrugarh University for information and to upload in the website.
6. File



(Dr. B.C. Borah)  
Joint Registrar (Academic)  
Dibrugarh University



**DIBRUGARH UNIVERSITY:: DIBRUGARH::786 004**  
**REGISTRATION FORM FOR ABILITY ENHANCEMENT COURSE**

(The Applications must be forwarded by the Head/ Chairperson of the Teaching Department/  
Centre of Studies/ Institute concerned)

- 1. Name of the Applicant:.....
- 2. Department/ Centre : .....
- 3. Programme pursuing on the date of application:.....
- 4. Semester with Roll No.....Semester, Roll No. ....
- 5. Address for correspondence:.....

.....

Mobile No. ....

E-mail ID: .....

- 6. Applied for Registration for the Ability Enhancement Course on  
:.....

**DECLARATION**

I hereby declare that I am a bonafide and Regular student of Dibrugarh University  
studying in the ..... Semester of the  
.....Programme bearing Roll No.  
..... of the Department of ...../ Centre for Studies  
in ..... I want to pursue the .....  
(Name of the Course) as an Ability Enhancement Course and shall abide by the relevant  
rules and regulations of the University.

Date:

Full Signature of the Applicant

Forwarded by the Head/ Chairperson of the Teaching Department/ Centre of Studies/ Institute  
concerned.

**FOR OFFICE USE ONLY**  
Admission recommended/ not recommended

Course Teacher, Ability Enhancement Course in .....,  
Dibrugarh University