Merit Abstract (To be filled by the candidate)	
Name of the course based on which admission is	
sought	
Total Marks Secured out of	
PC of MarksDivision	
UGC-NET (including JRF)/ UGC-CSIR NET (including JRF) / SLET / GATE / GPAT percentage/percentile	
Department into which Admiss	ion



No.

Affix passport size photograph here

SUMMARY SHEET OFAPPLICATION FOR ADMISSION Ph.D. / M. Phil

Department into which Admission is sought		
1. Applicant's Name in Full (BLOCK CAPITA	LS)	
Surname	Mr./Miss/Mrs.	Name
2. Whether hostel accommodation required		7
(Please tick appropriate box)	Yes No	
3. Date of Birth	4. Registration	
Date Month Year	No. Year	University
5. (a) Caste (Please tick appropriate box)	(b) Sub-C	Caste
SC ST(P) ST(H) OBC	MOBC Others	
6. Particulars of Father/Guardian/Husband		
	Phone No	
	e-mail ID	
Address		
District		
7. Permanent Home Address		
P. O		Pin
3. Particulars of Local Guardian :	(Relation)	
Name	Phone No	(R)(M)
	e-mail ID	
A 11		Din
Address	P. O	F III

10. Examination Passed (Beginning from H. S. L. C. or equivalent)

Name of Examination	Name of University/Board/	Roll	Year of	Class	% of
	Council	No.	Passing	Division	Marks

11. If employed, give particulars here

Date ____

(For Office Use Only)

Student No.	
Admitted	

Head Department of Signature & Date _____

Joint Registrar (Academic) Dibrugarh University

Signature of Applicant

Date of Admission

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

No.

Merit Abstract (To be filled by the candidate)		A REAL PROPERTY	To be submitted to the He concerned on or before :	ad of the Department
Name of the course based on which admission is sought		No and the second secon		
Total Marks Secured out of PC of Marks Division UGC-NET (including JRF)/ UGC-CSIR NET (including JRF) / SLET / GATE / GPAT percentage/percentile		Dibrugarh - 786 Brochure carefully be	004 Fore filling up the form]	Affix passport size photograph here
	Course :			
	Departmen	it :		
1. Applicant's Name in Full (BLC	Session :			
Surname		Mr./ Miss. /Mrs.	Name	2
2. Father's Name :				
3. Mother's Name :				
4. Father's/Guardian's (if father is c				
Name, Occupation and Addres	•			
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 Mont	h Year	7. Nationality :	
8. Sex : Male Fema	le	9. Marital Sta	atus : Married	Unmarried
10. Blood Group		, , ,		
11. Community : $SC / ST(P)$	/ ST(H) / OBC	/ MOBC /	General 12. Religi	on :
(Attach certificate from competen	at authority)	·····		
13. Where to reside ? At home	e / University Hostel	/ Out side		
14. Are you employed ? Ye	es / No			
(If yes, submit no objection certif	/			
15. Are you on deputation ? Ye	es No			
(If yes, name of the School/Co	/	anisation :).

10	NT 1	D · / /·	NT C (1	TT · ·/	1	• / 1	1 /	
16.	Name and	Registration	NO. OF the	University	where r	egistered	last.	:
						- 8		

17. Educational Qualification starting from H. S. L. C. or equivalent : (Attach attested copies of marksheets and certificates of all examinations)

Examination Passed	Board/Council/ University	Roll No.	Year of Passing	Div./ Class	Percentage of Marks	Subjects Taken
10th standard						
10+2						
10+2+3						
	listinction/medals/ larships, if any ficate)					

19. Any Extracurricular Activities (Mention the activities and furnish testimonials)

20. Are you differently abled (physically handicapped)	?
(If yes, attach certificate from the competent authority)	

21. Are you undergoing any	course of study at present	? If yes, give details.
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UNDERTAKING

I declare that, if admitted, I shall abide by the Statutes, Ordinances, Rules, Regulations, Orders etc. of the Dibrugarh University that will be in force from time to time. I submit myself to the disciplinary jurisdiction of the Vicechancellor and other authorities of the University who may be vested with such powers under the Act, Statutes, Ordinances, Orders and the Rules that have been framed there under by the University.

I also declare that the information given above are true and complete to the best of my knowledge and belief and if any of them is found to be incorrect, my admission shall be liable to be cancelled and I shall be liable to such other disciplinary action as may be decided upon by the University.

Date :

Full signature of the applicant

For Office Use Only

Selected Provisionally Under

- 1. General Merit List
- 2. SC/ ST Quota

3. Reserved Quota

Chairman, Admission Committee

Head of the Department

Jt. Registrar (Academic)

Rejected

Remarks :

Yes / No