



BHARATHIDASAN UNIVERSITY
TIRUCHIRAPPALLI-620 024

Registration form for M.Phil. Degree Programme

FULL-TIME / PART TIME / PRORAMME

1. Name of the Candidate (in Block letters) :

2. Sex :

3. Date of Birth & Age :

4. Community :

5. Nationality :

6. Address for Communication with Phone No. :

7. The institution where employed at present
with full address (for Part-Time Only) :
(Attested copies of certificates should be enclosed)

8. Details of qualification graduation onwards :
(Attested Copies of certificates should be enclosed)

S. No.	Degree	Subject	University/College	Registration No.	Year of Passing	Class/ Grade

(P.T.O)

9. University Department /College in which the applicant is undergoing the Programme :

10.Quote the number and date of communication to admission for the course in he University Department / College. :

11. Name and address of the Research Adviser who guide the candidate :

12. Signature of the Research Adviser with Seal :

13. Signature of the Head of the Department with seal :

14. The subject selected by the Candidate under **Paper III**

I fully understand that my registration will stand cancelled in case of any information furnished by me if found to be false at any stage. I note that my registration in the University and my continuance in the Programme are subject to the provisions of the University Rules and Regulations which may be framed from time to time.

Signature of the Applicant

Signature of Head of the Institution, where the Candidate is working (for Part-Time only)

Signature of the Principal/Head of the University Department where the Applicant is undergoing the programme.

Please Note:

Fill all the particulars and enclose copies of certificates etc.,