



BHARATHIDASAN UNIVERSITY TIRUCHIRAPPALLI-620 024

***Application Form For Re-Registration to M.Phil. Degree Course
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. :

Pin Code:

7. Full address and the institution
where employed at present

Pin Code:

8. Details of M.Phil. Exam Passed

Subject	University/College	Registration No	Year of Passing	Class
Part – I				
Part - II				

9. Department of Bharathidasan University College in
which the applicant is undergoing M.Phil. Programme :

P.T.O

10. Quote the number and date of communication
permitting him/her to undergo course in the
Department / College. :

11. Reasons for not completing the course within :
the stipulated time

12. (a) Name and Designation of the person : Name :
Research Adviser who guides the M.Phil course : Signature :
: Designation :
: Address :

(b) Specific recommendation of the guide :

13. Signature of the Head of the Department :
Offering M.Phil. course

14. The subject selected by the Candidates under :
Paper III

15. Whether the Re-registration fee of Rs.750/- :
enclosed if so, details

D.D.No.

Date :

Bank :

I fully understand that my registration will stand cancelled in case of any information furnished by me is found to be false at any stage. I note that my re-registration in the University and my continuance in the programme are subject to the provisions of the University Statutes, ordinances and other Rules and Regulations which may be framed from time to time.

Signature of the Applicant

Signature of Head of the Institution, with seal
(Where the Candidate is working as a teacher)

Signature of the Head of the Institution/
Head of the Department with seal.