

DIAMOND HARBOUR WOMEN'S UNIVERSITY

Sarisha, Diamond Harbour Road, 24 pgs (s), 743368

Notice

Date: 26-02-2021

Sub: Regarding M.Phil. Registration

All the newly admitted students of M.Phil. course in Diamond Harbour Women's University are directed to fill up the "Application form for Registration as a regular student of the University" from 01-03-2021 to 12-03-2021. The application form can be downloaded from the website www.dhwu.ac.in . Filled in application form with necessary documents should be submitted to the concerned HOD/Coordinator of the department.

Documents are:

1. Self attested copy of Mark sheet, Admit/Certificate of Madhyamik Examination.
2. Self attested copy of H.S. Mark sheet.
3. Self attested copy of Graduation /PG mark sheet.
4. Self attested copy of Address proof (Aadher/Voter card).
5. Self attested copy of Money receipts of M.Phil admission.
6. Original Migration Certificate, if applicable.

Registrar

DIAMOND HARBOUR WOMEN'S UNIVERSITY

Application for Registration as a regular student of the University

(ALL COLUMNS MUST BE FILLED IN. IF ANY COLUMNS IS NOT APPLICABLE PLEASE WRITE N.A.)

To
The Registrar
Diamond Harbour women's University

Through the HOD/Cordinator..... of DHWU
in the Department of..... (Subject)

Sir/Madam,

I do hereby apply for Registration as a student of University. I furnish below the particulars relating to myself:

| | | | | | | | | | | | | | |
|--|----------------------|---------------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|
| Name of the Course in which admitted: | | <input type="text"/> | | | | | | | | | | | |
| 1) S.C./S.T./O.B.C. (A/B): | <input type="text"/> | 2) PWD (Yes/No) | <input type="text"/> | | | | | | | | | | |
| 3) Religion: | <input type="text"/> | 4) Specify Minority Community: | <input type="text"/> | | | | | | | | | | |
| 5) Name of Student | : | <input type="text"/> | | | | | | | | | | | |
| (In Block letters as in M.P./equivalent examination) | | | | | | | | | | | | | |
| 6) Name of Father: | <input type="text"/> | | | | | | | | | | | | |
| 7) Name of Mother: | <input type="text"/> | | | | | | | | | | | | |
| 8) Name of Husband: | <input type="text"/> | | | | | | | | | | | | |

9) Permanent Address in full
(in block letters)
Pin Code..... Contact No.....

10) Date of Birth (According to Admit Card/Pass certificate of M.P./Equivalent Examination

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date | | Month | | Year | | | |

11) Date of admission to the University Department of Of
studies with session Date Session

12) Registration No. with year of the University/ Board/ institution of in which studied last
 Number Session

3) Examination passed:

| Name of the Examination | Name of board/ Council/University with the name of the state where situated | Year of Passing | Class/ Division |
|-------------------------|---|-----------------|-----------------|
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Forwarded
 The Particulars furnished
 above are correct

I solemnly declare that if any of the statement in this application is found to be not true, or if it appears that, in the opinion of the University, I have in any way contravened the provisions of the University Ordinances, Regulation and Rules relating to the aforesaid examination, my admission to the examination will be liable to be cancelled by the University.

(Signature with office Seal of the
 HOD/Coordinator of the University
 Department of Studies)
 Date

Affix recent passport
 size (3x4 cm)
 Photograph with in
 the box without any
 signature/attestation
 /office seal

Yours faithfully,

(Signature of the student in full)

*Leave one box blank after each word