

DIAMOND HARBOUR WOMEN'S UNIVERSITY

Application for Registration & Enrolment 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

Date

Month

Year

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

..... Of

Date

Session

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

..... of

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

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**