

DIAMOND HARBOUR WOMEN'S UNIVERSITY

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

Notice

No.35/REG/DHWU/2017

Date: 09-11-2017

All the newly admitted students of M.Phil and Ph.D courses of Diamond Harbour Women's University are requested to fill up the "Application form for Registration & Enrolment as a regular student of the University" on or before 20th November 2017. This application form can be downloaded from the website www.dhwu.ac.in. Filled in the application form with necessary documents should be submitted to the concern 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 and/or M.Phil mark sheet.
4. Self attested copy of Address proof (Aadher/Voter card).
5. Self attested copy of Money receipts of M.Phil / Ph.D admission.

Registrar

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:

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

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 Of
studies with session 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 |
|-------------------------|---|-----------------|-----------------|
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Forwarded
 The Particulars furnished
 above are correct

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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**