DIAMOND HARBOUR WOMEN'S UNIVERSITY

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

Date: 18-12-2019

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" on or before 28th December, 2019. This 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 st	udent of University.	I furnish below the particulars relating to myself:
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 Minori	ty Community:
5) Name of Student :	_	
(In Block letters as in M.P./equivale 6) Name of Father:	ent examination)	
7) Name of Mother:		
8) Name of Husband:		
9) Permanent Address in full		
Pin Code	(Contact No
10) Date of Birth (According to Admit Card/Pass certificate of M.P./Equivalent Examination		
Date Month	Yea	àr
11) Date of admission to the University Department of	Date	0f
		• •

12) Registration No. with ye	ear of					
the University/ Board/ institu	ıtion		of			
in which studied last		Number	Session			
3) Examination passed:						
Name of the Examination		Council/University with	Year of Passing Class/ Division			
	the name of the	state where situated				
Forwarded	ا برام سمام د	declare that if any of the o	tatament in this annii	action is found to be		
	I solemnly declare that if any of the statement in this application is found to be					
The Particulars furnished	not true, or if it appears that, in the opinion of the University, I have in any way					
above are correct	contravened the provisions of the University Ordinances, Regulation and Rules relating to the aforesaid examination, my admission to the examination will be					
	•		•	e examination will be		
	liable to be o	cancelled by the Univers	ity.			
/ O'						
(Signature with office Seal of the		Affix recent passport	Yours faithfully,			
HOD/Coordinator of the University	•	size (3x4 cm)				
Department of Studies	•	Photograph with in				
Date		the box without any				
		signature/attestatio	io			
		n /office seal	(Signature of the student in full)			
*Leave one box blank af	ter each word					
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