DIAMOND HARBOUR WOMEN'S UNIVERSITY

Notice

Date: 26-09-2023

Sub: Registration of newly admitted B.A. (Hons.), 2023 students.

This is to notify for all newly admitted B.A. (Hons.), 2023 students that the registration process will be commenced on and from 27st September, 2023 to 7th October, 2023. They are directed to submit the filled in form to the HOD / Co-ordinator of the concerned department along with the following documents.

The following documents are needed during registration:

For B.A. (Hons.)

- 1. Filled up form (Application form for Registration is attached herewith)
- 2. Self attested copy of Marksheet and Admit/Certificate of Madhyamik Examination.
- 3. Self attested copy of H.S. Marksheet.
- 4. Self attested copy of Address proof (Aadhar and Voter / PAN card).
- 5. Self attested copy of Money receipts of UG admission.

Sd/-

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

To The Registrar Diamond Harbour women's University	WRITE N.A.)	Affix recent passport size (3x4 cm) Photograph with in the box without any signature/attestation /office seal
Through the HOD/Cordinator		of DHWU
in the Department of		(Subject)
Sir/Madam, I do hereby apply for Registration as a studen Name of the Course in which admitted:	t of University. I furnish belo	w the particulars relating to myself:
1) S.C./S.T./O.B.C. (A/B):	2) PV	VD (Yes/No)
3) Religion:	4) Specify Minority Comm	unity:
5) Name of Student : (*Leave on	e box blank after each word)	
(In Block letters as in M.P./equivalent		
6) Name of Father:	examination)	
7) Name of Mother:		
8) Name of Husband:		
		act No

Admit Card/Pass certificate of M.P./Equivalent Examination

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

13) Examination passed:

Name of the Examination	Name of board/ Council/University with the name of the state where situated	Year of Passing	Class/ Division

14) Mob. No. / Whatsapp No. of Student _____

15) E-mail of Student:	

I solemnly declare that if any of the statement in this application is found to be false, 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 admission, my registration to the admission will liable to be cancelled by the University.

Yours faithfully,

(Signature of Student in full)

Forwarded

the particulars furnished above are verified and found correct.

Date :

(Signature with office seal of the HOD/Co-ordinator)