

DIAMOND HARBOUR WOMEN'S UNIVERSITY

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

Notice

Date: 04-04-2022

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" within 11-04-2022. 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 (Aadhar/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"/>	<input type="text"/>	<input type="text"/>
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Date

Month

Year

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

..... Of
Date Session

