

Name of the Academic Programme to which admission is sought

DIBRUGARH UNIVERSITY DIBRUGARH-786 004, ASSAM, INDIA APPLICATION FORM FOR FOREIGN/NRI STUDENTS

							Affix passport size colour photograph	
1. Name of the Applicant (IN BLOCK LETTERS)								
Surname		Mr. /Miss/Mrs.			Name			
2. Sex (Tick the appropriate the second seco	riate box)	Male		Fei	male			
3. Date of Birth		M						
	Date	Month	Ye	ar				
4. Marital Status (Tick	the appropria	ate box)	Married		Un	married		
5. Country			6. Natio	onality				
7. If sponsored, name of the Sponsorer:								
8. Name of the Parents: (a) Father's Name:								
(b) Mother's Name:								
9. (a) Contact Address in Embassy/High Commission in India (In Block Letters):								
(b) Mobile No. of the Applicant in India:								
(c) E-mail ID of the Applicant (In Block Letters):								

10. (a) Address in the country of Origin (In Block Letters):	
(b) Mobile No. of parent (With Area Code):	
(c) E-mail ID of parent (In Block Letters):	
11. (a) Passport Number:	(b) Date of Issue:
(c) Date of Expiry: (d) Place	e of Issue:

12. (a) Academic Records:

Sl.	Examination	Board/University	Country	Year	Percentage of	Division/	Subjects taken
No.	Passed				Marks/Grade	Class	
1	High School (Xth)						
2	Intermediate/Pre- University (XIIth)						
3	Graduation						
4	Post Graduation						
5							

(b) Proficiency in English: Spoken-	Good	Fair	Poor	
(Please tick the relevant box)		_		
Writing-	Good	Fair	Poor	

(c) Medium of instruction in the Qualifying Examination:

(d) Specify level of Examination passed in English and Percentage/Grade obtained, if any:

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational qualification, marks, nationality, etc., I understand that my admission/degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions. I am also aware of the financial obligation of applying to and studying at this University and I undertake to pay the tuition and other fee and to abide by all rules and regulations of the University. I further declare that I am not involved in any criminal case and/or no such case is pending against me in any court of law.

Full Signature of parent/guardian

Full Signature of the applicant

Date: ____

Place: _

N.B.

Please attach the following documents along with the Application Form in the following order:

Sl. No.	Particulars/Certificate	Please tick
1	Application Form duly filled	
2	Translated copy of Self-attested Marksheet/Transcript of Class X	
3	Proof of Age	
4	Translated copy of Self-attested Marksheet/Transcript of Class XII/Pre-University	
5	Translated copy of Self-attested Marksheet/Transcript of BachelorsDegree (in case of admission to Post Graduate Programme)	
6	Translated copy of Self-attested Marksheet/Transcript of PostGraduate Degree (in case of admission to Ph.D./M.Phil. Programme)	
7	Copy of Passport and Visa	
8	Medical Fitness Certificate from a Registered Medical Practitioner	
9	Copy of Medical Insurance Policy	
10	Any other document	

INSTRUCTIONS:

- Applicants must fill the application form in their own handwriting.
- Applicants must ensure that minimum eligibility conditions are fulfilled before applying.
- All Foreign/NRI students have to undergo a medical fitness test including HIV test before taking final admission and the Medical Fitness Certificate should be attached along with the application form.

For Office Use Only

Selected Provisionally

• On Supernumerary Basis

Rejected

• Remarks: ____

Head/Director of the Department/Centre of Studies

Deputy Registrar (Academic)