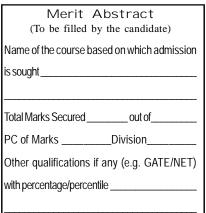
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DIBRUGARH UNIVERSITY

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SUMMARY SHEET OF APPLICATION FOR ADMISSION

			1 01111	1,1,1	1001011			
	Department into which Admission	is sought						1
1.	Applicant's Name in Full (BLOCK	L]
1.	Applicant's Name in Full (BLOCK	CAFIIALS)						
	Surname		Mr./Miss	/Mrs.			Name	
2.	Whether hostel accommodation re-	quired						
	(Please tick appropriate box)		_	Yes	s No			
3.	Date of Birth		4. Registr	ation				
	Date Month Year		No		Yea		University	/
5.	(a) Caste (Please tick appropriate box	x)		(b)	Sul	o-Caste		
		ODG MO	D.C. Od					
6.	SC ST(P) ST(H) Particulars of Father/Guardian/Hu	OBC MO	BC Oth		alation)			
0.					•		(D)	
	Name							
	A 11							
	Address							
7	District							
1.	Permanent Home Address							
0	P. O Particulars of Local Guardian :							
٥.	Name							(M)
	Address			P. O.	•	·	P1n	
9.	Blood Group			-				
10.	Examination Passed (Beginning fr	om H. S. L. C. o	r equivalent))				
	Name of Examination	Name of Uni	versity/Boar uncil	d/	Roll No.	Year of Passing	Class Division	% of Marks
		Col	uncii		110.	T ussing	Division	IVILINS
11.	If employed, give particulars here							
	Date						Signature of	of Applicant
		(For	r Office Use	Only)				
	ident No.				Date of	of Admission	ı	
Ad	mitted							
	ad Department of							(Academic)
Sig	gnature & Date						•	rh University
							Date	

Application For Admission No. into the Post-Graduate/Under-Graduate/Degree/Diploma/ Certificate Courses

Merit Abstract (To be filled by the candidate)
Name of the course based on which admission
is sought
Total Marks Securedout of
PC of MarksDivision
Other qualifications if any (e.g. GATE/NET)
with percentage/percentile



To be submitted to the Head of the Department concerned on or before :

DIBRUGARH UNIVERSITY

Dibrugarh - 786 004

[Read Information Brochure carefully before filling up the form]

Course:

Affix passport size photograph here

with	percentage/percentile	Departmer Session:	nt:		here
1.	Applicant's Name in Full (BL	OCK CAPITALS)			
	Surname		Mr./ Miss. /Mrs.	Nam	ne
2.	Father's Name :				
3.	Mother's Name :				
4.	Father's/Guardian's (if father is Name, Occupation and Address	- ·			
	Name _			Occupation	
	Address	·			
				Pin	
5.	Address for correspondence :				
				Pin	
				(Mobile) e-mail	
	r none	((K)	(Wiobite) c-man	
6.	Date of Birth: (Attach H. S. L. C. Certificate)	Day Mont	th Year	7. Nationality:	:
	()				
8.	Sex: Male Fema	ıle	9. Marital Sta	atus : Married	Unmarried
10.	Blood Group				
	Community: SC / ST(P)	ST(H) / OBC	C / MOBC /	General 12. Religi	ion :
	(Attach certificate from competer	nt authority)			
13.	Where to reside ? At home	University Hostel	/ Out side		
14.	Are you employed?	es / No			
	(If yes, submit no objection certification)	icate from the employer)			
15.	Are you on deputation? Ye	es / No			
	(If yes, name of the School/Co	llege/Department/Orga	anisation :)
16.	Name and Registration Number Board/Institution where regi	•			

17. Educational Qualification starting from H. S. L. C. or equivalent : (Attach attested copies of marksheets and certificates of all examinations)

Board/Council/

Examination

Passed	Board/Council/ University	Roll No.	Year of Passing	Div./ Class	of Marks	Subjects Taken
10th standard	•					
10+2						
10+2+3						
10.2.0						
18. Academic dis prizes/schola (Attach certific	rships, if any					
•	rricular Activities activities and furnish test	timonials)				
•	erently abled (physically l		?	Yes	No	
-	certificate from the compet		0.10		1	
21. Are you unde	ergoing any course of stu	idy at present	? If yes, g	ive detai	Is.	
		TI	NIDEDTA I	ZINC		
		U	NDERTA1	MNG		
University that w authorities of the	rill be in force from time to	o time. I subm vested with s	nit myself to	the disci	plinary jurisdic	ulations, Orders etc. of the Dibrugarh etion of the Vice-chancellor and other s, Ordinances, Orders and the Rules
if any of them is f		admission sha				pest of my knowledge and belief and all be liable to such other disciplinary
Date :						Full signature of the applicant
		Fo	r Office Us	se Only		
	visionally Under Merit List					Rejected
2. SC/ ST 3. Reserve	~					Remarks:
Chairman, A	dmission Committee	 He	ad of the I	Departme	ent	Dy. Registrar (Academic)

Div./

Year of

Percentage

Received an application bearing	Received an application bearing	No.:
No.:	From	
From	For admission in the Subject	
For admission in the Subject	For the session	
For the session	Date	
Date		
		Signature of the receiver
Signature of the receiver	N.B . : The candidate is to enter the name and o	other relevant particulars in this receipt.
Received an application bearing	Received an application bearing	No.:
No.:	From	
From	For admission in the Subject	
For admission in the Subject	For the session	
For the session	Date	
Date		Signature of the receiver
Signature of the receiver	N.B . : The candidate is to enter the name and o	other relevant particulars in this receipt.
Received an application bearing	Received an application bearing	No.:
No.:	From	
From		
	For the accessor	
For admission in the Subject	For the session	
For the session	Date	
 Date		Signature of the receiver
Signature of the receiver	N.B . : The candidate is to enter the name and o	
Received an application bearing	Received an application bearing	No.:
No.:	From	
From	For admission in the Subject	
For admission in the Subject	For the session	
For the session	Date	
Date		Signature of the receiver
Cionatura of the manning	ND The sea library in the sea	Signature of the receiver
Signature of the receiver	N.B.: The candidate is to enter the name and of	otner relevant particulars in this receipt.



APPLICATION FORM FOR HOSTEL ACCOMMODATION FOR THE SESSION_

Research	Scholar	<u>M</u> .	Phil Schola	r Teac	her Fel.	Semester	: 1	II	III .	IV	
				(Please	e tick in app	propriate Box,)				
. Name	in full (Ir	n block	Capitals) N	Mr. / Miss/ M	rs						
a) De _l	a) Department in to which admitted										
b) Ses	sion			_ (c) Rece	ipt No				Dt		
3. Father	Father / Legal guardian's Name Mr. /Miss/ Mrs.										
Home	address 7	Γown /	Village					occ	cupatio	on	
P. O.				Distri	ct			S	State		
l. Local	Local guardian's address										
Occup	ation						Phor	ne No	•		
5. a) Cas	te (Please	tick in	appropiate	e Box)							
S.C		S.T.	O. B. C.	Other	Phy	. handi.	(b) Sub	caste		
6. Degi	ee Exami	nation _l	passed								
	Name of			Name of			of passin	-		College in which	
E	xaminatio	n	J	Jniversity		with 1	Roll No.	•		studied	
7. Marks	secured in	n the ex	 amination								
E	Examination			Full marks		Marks Secured		P. C. of marks		Result/ Position	
	Degree		:								
2.	Examinati Degree Examinati		, ,								
	M.A./ M.										
DECLARA				rticulars giver my dues regi		correct. I ag	gree to a	bide b	y all	rules and regulat	ions of the
Date				, .	·					* Signature of t	he applicar
Forwarded at	fter verific	ation o	f all particu	lars including	g marks she	et.					
Date			•			*He	ad of th	ne Dei	partme	ent	
					or Office U						
Position of s	tudent in	the me	erit of the	•	00						
Chairman											
H. A. Comm Alloted No.										Deputy Regis	
Section Office										Dibrugar	h Universit

S. W. Section.