

- N.B. 1. No Student Will be allowed to appear for a Post – Graduate Examination unless he has taken the qualifying master's degree.
2. No Student Will be allowed to appear for a Post-Graduate Examination Unless he has taken his Master's degree at a convocation.
3. persons who hold Qualifying (Master's) degree of other Universities have to provide themselves with certificates of eligibility form this University before applying for Registration as Post-Graduate Student
4. The Registration Fee must accompany the form

SAURASHTRA UNIVERSITY



No. _____

Re-Accredited Grade "A" by NAAC

Regi.No. _____

Date. _____

Form of Application for Registration as a Post-Graduate Student for the Degree of Master of Philosophy (M.Phil)

To,
The Registrar,
Saurashtra University,
Rajkot
SIR,

I Request That my Name be Registered as Post-Graduate Student for the Degree of Master's Philosophy of the Saurashtra University as a Full Time (tow term) Student in _____ Under the Faculty of _____. I intend to offer myself as a candidate for the Examination for that degree in the year _____. My Name has not been registered as Post-Graduate Student for any other Degree for any other branch of the M.Phil Degree.

the registration fees of Rs.175/-in cash is forwarded / has been remitted here with / by means of a crossed Indian Postal Order bearing No. _____

Yours Faithfully

Signature of Student

- Name In full Capital _____
(As par P.G. Mark sheet) Surname Name Father/Husband
- Temporary Address _____

- Permanent Address _____

- Male / Female _____ 5.Race and Religion _____
(S.C. / S.T. / S.E.B.C. /GEN. /P.H.)
- Date of taken his/her Master's Degree at a Convocation _____

7. Details of the Examination Passed by the Applicant (Attach Self attested Copies of each Mark sheet)

Examination		University	Passing		Subject	Class
Degree	Course		Month	Year		
Bachelor						
Master						

8. Present employment in any _____

9. No. and Date of the final / provisional Eligibility Certificate _____

10. No. and Date of Transfer Certificate. _____

11. Title of the Dissertation in Capital Letters _____

12. Name of the guiding the M.Phil. Teacher _____

13. Signature of the guiding the M.Phil. Teacher. _____

Signature of student

To be filled in the M.Phil. Department

Payment of

Registration Fee Rs.175/-

R.No. _____ Dt. _____

Payment of

First Term Fee Rs. _____

R.No. _____ Dt. _____

I Request that the Candidate be Permitted to pursue his Post –Graduate M.Phil. Studies at this Department

I have Duly Checked this form of application for Registration and have satisfied myself that the Candidate is eligible for registration and may be registered as a full time (two term) Post Graduate Student for the M.Phil Degree in the Subject of _____ Under the Faculty of _____.

I Certify that the information given by the Student is found correct hence I Recommend his /her name for Registration as Post-Graduate Student, and intending to finish his work in the month of _____ 20

Date: - _____

Place:- _____

Signature of professor
in-charge M.Phil Department

Signature of Head of the
Department