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

Re-Accredited Grade “A” by NAAC

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 (two 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

1. Name In full Capital
(As par P.G. Mark sheet)    Surname    Name    Father/Husband

2. Temporary Address

3. Permanent Address

4. Male / Female

5. Race and Religion
(S.C. / S.T. / S.E.B.C. / GEN. / P.H.)

6. 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)

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<th>Examination</th>
<th>University</th>
<th>Passing</th>
<th>Subject</th>
<th>Class</th>
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<td>Master</td>
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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