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

Regi.No.__________

Date.__________

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 (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

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)

<table>
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<th>University</th>
<th>Passing</th>
<th>Subject</th>
<th>Class</th>
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<td>Course</td>
<td>Month</td>
<td>Year</td>
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<tr>
<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