Signature of the Candidate

TO BE SUBMITTED TO THE REGISTRAR, BHARATHIAR UNIVERSITY WITHOUT ENCLOSURES

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Place :

## BHARATHIAR UNIVERSITY, COIMBATORE - 641 046.

Application for admission to M.Phil, programme during October 20.....session

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Subject :			_	Full-			Part-				
Proposed Place of Research : Dep								_			
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2. Sex : M/F/ Transgender	4. Age: 6. Religion:										
3. Date of Birth	5. Natior	nality:		7.		Community:	BC / I	MBC / D	NT / S	C / ST /Other	
8. Address : (a) Permanent	8. Address : (a) Permanent			(b) Address to which communications are to be sent							
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9. Present occupation of the cal	ndidate and	place v	vhere '	working	:						
10. Academic Particulars -											
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(b) Scholarship, if any awarde	ed, for the p	resent	resear	ch progi	ran	nme :					
13. Awards / Medals / Prizes / Ho	onours achie	eved :									
14. Any other particulars						· · · · · · · · · · · · · · · · · · ·					
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TO BE SUBMITTED DIRECTLY TO THE HEAD OF UNI.DEPT./ COLLEGE / RESEARCH INSTITUTION WITH ENCLOSURES



## BHARATHIAR UNIVERSITY, COLMBATORE - 641 046.

Application for admission to M.Phil. programme during October 20.....session

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The particulars furnished in the application are true and correct. In case any particulars furnished in the application are found incorrect, I agree to forfeit my admission, no matter at what stage of the course I will be at that time.

Place :

Date

## CERTIFICATE TO BE FURNISHED BY THE SUPERVISOR / GUIDE

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accept to	serve as supervisor for Thiru	/ Ms	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********
for his / h	ner Full-time / Part-time M.Phil.	research programm	ne in	***************************************
His / her	Broad field of research will be	: (in Capital Letters	5)	***************************************
I	have been recognised as a gr	uide by the Bharath	niar University for guid	ing research work of
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(Vide B.	U. Commu. No	Dt	) Mobile No.	
Р	resently, on date, I have the fo	llowing research sc	holars who are pursuir	ng research under my
guidance	and have not yet submitted th	neir dissertations :		
Sl. No.	Name of Candidate	me of Candidate M.Phil. / Ph.D. Full-		Date of Registration
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			Signature of th	e Supervisor.
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Th	n. / Ms	114441151111444444444444444444444444444		is recommended for
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