

Regd. No.

Application No.....

St. PETER'S UNIVERSITY

St. Peter's Institute of Higher Education and Research

(Established under section 3 of the UGC Act 1956)

College Road, Avadi, Chennai - 600054, Tamilnadu.

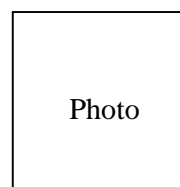
Ph : 044 - 26558080-84. Email: spiher@stpetersuniversity.org ,

admissions@stpetersuniversity.org

Website: www.stpetersuniversity.org

M.Phil. REGISTRATION FORM

1. Name (in Block Letters) :
2. Sex : Male/Female
3. Address :



Telephone:

Mobile:

Email:

4. Date of birth & age :
(Enclose attested copy of birth certificate or school leaving certificate for proof)
5. Nationality :
6. Are you employed? Yes/No
If yes, specify the following
Name and address of the Employer :

7. Academic Background (Start from latest degree till S.S.C.)

Degree/ Diploma	Year of passing	College & University	Major Discipline	Percentage of marks/CGPA & class obtained

Enclose attested copies of degree and marks certificates.

8. Experience (Start from the present employment)

Organisation	Period		Designation	Nature of job
	From	To		

9. Awards/Medals/Prizes and Honours conferred (if any) :

10. Major area of study proposed:

11. Details of Supervisor:

(i) Faculty and Department in which the candidate proposes to register :

(ii) Name, Designation and address of the Supervisor :

12. DECLARATION OF THE CANDIDATE :

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief.

Place:

Signature of the Candidate

Date:

13. CONSENT OF THE SUPERVISOR :

Name (in Block Letters) :

Certified that the details furnished above have been verified and found to be correct and I am willing to supervise the candidate's work.

Place:

Signature of Supervisor

Date:

14. CONSENT OF THE HEAD OF THE DEPARTMENT AND THE DEAN (R&D)

a) Consent of the Head of the Department where the candidate proposes to register Yes/No

Place:

Signature

Date:

Name

Department

b) Approval of the Dean (R&D)

Yes/No

Place:

Signature:

Date:

Name: