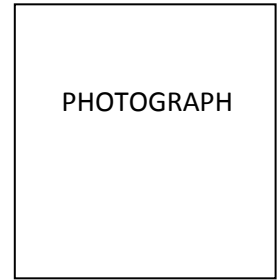


DEPARTMENT OF HISTORY
REGISTRATION FOR M.A. (PREVIOUS) STUDENTS
ACADEMIC YEAR 2017 - 2018
(SEMESTER - II)

* Last date of submission this form on 15.01.2018



1. Name of the Student: _____
 2. Father's Name: _____
 3. Mother's Name: _____
 4. Permanent Address with landline/Mobile No. : _____
-
5. Postal Address for Correspondence: _____
-
6. Telephone / Mobile No. : _____
 7. E-mail : _____
 8. Name, Address and Phone No. of Local Guardian: _____
-
9. Indicate your choice Papers from your stream :

S.No.	Paper No.	Title of Papers
(I)		
(II)		
(III)		
(IV)		

10. Medium of Study: _____

11. College Name : _____

UNDERTAKING: I understand that no changes can be made to my list of options. I undertake that I will not request any change in my option form.

Signature of the Candidate with Date: _____

NOTE:

- 1.Registration with the Department is mandatory w.e.f. the Academic year 2017-18.
- 2.There shall be an Internal Assessment of 25% in each paper.