

DEPARTMENT OF PHYSICS
COCHIN UNIVERSITY OF SCIENCE & TECHNOLOGY
KOCHI - 22.

Application No.....
 DD No. & Date.....

 Last date of application



Photo

Application for admission to M.Phil. Course (20..... batch)

1. Name of the applicant (in block letters) :
2. a) Permanent address with
Phone numbers and E-mail ID :
- b) Address for communication :
3. Name and address of father/guardian
(Specify relation) :
4. Occupation and average annual family
income of guardian :
5. Date of birth and age :
6. Religion and community :
7. Is the applicant a Teacher with FIP :
8. Particulars of educational qualifications :

Examinations	Institutions	Subject of study	Year of passing exam and division	% of marks
1. SSLC				
2. Pre-degree				
3. B.Sc.				
4. M.Sc.				

9. Particulars of M.Sc. examination:

Paper	Max. marks	Marks awarded	Min. marks required to pass
1. Theory			
2. Practical			
Total			

10. Any other information in support of application:

DECLARATION BY THE APPLICANT

I declare that the particulars given above are true to the best of my knowledge and I will if admitted abide by the Rules of the University and Department.

Signature of the Father/Guardian

Signature of the Applicant

Station :

Date :

TO BE FILLED BY THE OFFICE

Date of application :

Admission Number :

PROFESSOR & HEAD