**Centre for African Studies**

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University of Mumbai

Application Form for Admission

Master of Philosophy (M.Phil.)

Academic year 2018-2019

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| 01. Name of the Applicant(Beginning with surname inBLOCK LETTERS) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SURNAME FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE NAME MOTHER NAME |
| 02. Date of Birth |  |
| 03. Nationality |  |
| 05. Do you belong to the S.C./S.T.Backward Class? If so, PleaseGive Details. |  |
| 06. Father’s/Guardian’s Name andOccupation |  |
| 08. Address for Correspondence |  |
| 09. Permanent Address |  |
| 10. Telephone and Mobile No. if any |  |
| 11. E–mail ID |  |

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| Examination andYear of Passing | Percentage and Grade | Name of theSchool/College | Name of theBoard/University | Subject Offered |
| (i) |  |  |  |  |
| (ii) |  |  |  |  |

I hereby declare that the above entries made by me are correct to the best of my knowledge. I assure that, if selected I shall attend the classes regularly and abide by the rules that may come into force from time to time.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please send duly filled form on email id – africanstudies2017@rediffmail.com)