MIZORAM UNIVERSITY
TANHRIL, AIZAWL – 796004
MZU-UGC FELLOWSHIP FOR M. Phil.

Affix a recent passport size photograph

1. Name (in block letters) Mr./Mrs/Ms.   :
2. Date of birth   :
3. Father/Husband's Name   :
4. (a) Present Address   :

   Pin Code..................................... Phone/Mobile No...
   (b) Permanent Address   :

   Pin Code..................................... Phone/Mobile No...
5. Name of the Department   :
6. Date of Admission into M. Phil. Programme   :
7. Date of completion of Pre. M. Phil. Course work   :
8. Grade/Grade points obtained in M. Phil. Course work   :
9. Registration Number (if already registered)   :
10. Topic/Title of Research (Dissertation)   :

11. Name & Designation of the Supervisor   :

12. Particulars of educational qualifications, starting with matriculation onward
     (Please attach attested copies of mark sheets, certificates, diplomas, etc.,)   :

Examination passed and year of passing	School/college/ university	Subjects offered	Division/ Grade	Percentage of marks/cumulative grade point

13. Have you had any scholarship/fellowship before applying for this award? *If so, please indicate its source, value, period and details of work done under that award*   :

Source of Scholarship/ Fellowship	Value & date of Commencement/ Completion	Topic of the Research	Whether the work has been completed/ is in progress

14. Do you suffer from any physical disability? *If so, please give details.Also attach a certificate to this effect* :

15. Any other information relevant to the research work, which you may like to give in   support of your application? :

DECLARATION

I declare that:

i.   I have read the rule regarding the award of Research Fellowship for Ph. D of Mizoram University.
ii. I undertake that I am a full time Research Scholar.
iii. I do not receive any financial support from other sources/ fellowship.

       I further declare that to the best of my knowledge and belief, the particulars given in the form are correct.

Date:

(Signature of the Candidate)

Name of the Candidate
(In bold letters)

(Signature of the Supervisor)   **(Signature of the Head of the Department)**

Date: **Date:**

(Seal of the Department with Date)