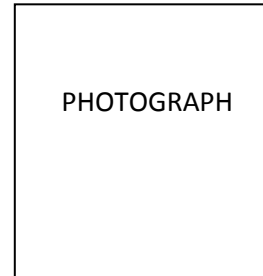


**DEPARTMENT OF HISTORY**  
**REGISTRATION FOR M.A. (PREVIOUS) STUDENTS**  
**ACADEMIC YEAR 2016 - 2017**  
**(SEMESTER - II)**

\* Last date of submission this form on 16.01.2017



1. Name of the Student: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Permanent Address with landline/Mobile No. : \_\_\_\_\_

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5. Postal Address for Correspondence: \_\_\_\_\_

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6. Telephone / Mobile No. : \_\_\_\_\_
7. E-mail : \_\_\_\_\_
8. Name, Address and Phone No. of Local Guardian: \_\_\_\_\_

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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.Examination Roll Number will be issued only on clearance by Head of the Department.
- 2.Registration with the Department is mandatory w.e.f. the Academic year 2016-17.
- 3.There shall be an Internal Assessment of 25% in each paper.