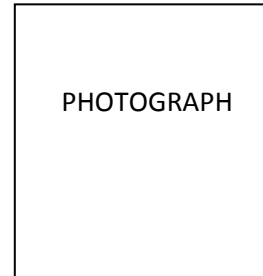


DEPARTMENT OF HISTORY
REGISTRATION FOR M.A. (FINAL) STUDENTS
ACADEMIC YEAR 2016 - 2017
(SEMESTER - III)

* Last date of submission this form on 10.08.2016



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. Specialization : _____
11. 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.