

TEZPUR UNIVERSITY

(A Central University) Napaam, Tezpur-784028, Assam

APPLICATION FORM FOR FOREIGN NATIONALS Ph.D/Master/Bachelor Degree Programme

I. Biographical Information

1. Name of the Applicant (in block le	etters):							
Last Name/Surname	First Name							
Middle Name								
2. Other name which may appear on your academic records								
3. Mailing Address for Correspondence								
Pin Code/Zip Code	State : Country: Fax Number							
	e-mail Address							
	Telephone Noor Mobile No							
4. Permanent Address (if different fro	om above)							
Pin codeState	Country							
5. Gender: Male/Female 6. Date of Birth (Day/Month/Year):								
7. Country of CitizenshipCountry by birth								
8. Passport No	Valid upto							
9. Native Language (if other than English)								
10. Medium of Instruction of in School	ol/College/Institution							
II. Enrollment Objectives Degree: Ph.D. (tick which is applicable, any one)	Master Degree Bachelor Degree							
Year in which you wish to enroll	(session starts from 25 July every Year):							
If applied for Master/Bachelor Degree, indicate the Programme Name								
For Ph.D. Candidate indicate the o	department/School							

III. Cano	lidates' Academic	Information						
	dardized Tests of English(TOEFL)/IELTS/Any o	other					
Tota	l Score							
Date	e of taking the test							
IV. Educ	cational History							
Have	you ever enrolled	as a graduate s	tudent at aı	ny institut	tion?		Yes/No	
begin	pelow the official raning with the mostly to the Director,	st recent. The tra	anscripts fr	om the ap	propriate			
Exam. Passed	School/College/ University	Location (City/State/ Country)	Subject Taken	Year of passing	Div./ Class/ Grade	Duration of the Course	Cumulative Grade Point Average (CGPA	
1	nd addresses of tw							
I certi unders additio	ification fy that the inform stand that omis on to this applicates al from the universal	sion or falsifica ation may resu	ation of inf	ormation	containe	d within or	r furnished in	
Tezpu	omitting this appli r University, India e unlawful use of ht.	including thos	e regarding	g drug and	d alcohol	abuse, and	l I understand	
connec	erstand that all infection with this appresity officials havin	plication will b	e treated c	onfidentia		-	•	
	conditions affectin r University in wri	· .	•	_	•	the Intern	ational Office,	
Name	of the applicant (p	please print)			I	Date		
Signat	ure of the applican	t			Dat	te		

(Application must be signed by the candidate)