



University of Mumbai

CENTRE FOR AFRICAN STUDIES

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Application Form for Admission to the Master of Philosophy (M.Phil.)

Academic Year 2014 - 2015

01. Name of the Applicant (Beginning with surname in BLOCK LETTERS)	_____	_____
	SURNAME	FIRST NAME
02. Date of Birth	_____	_____
	MIDDLE NAME	MOTHER NAME
03. Nationality		
05. Do you belong to the S.C./S.T. Backward Class? If so, Please Give Details.		
06. Father's/Guardian's Name and Occupation		
08. Address for Correspondence		
09. Permanent Address		
10. Telephone and Mobile No. if any		
11. E-mail ID		

Examination and Year of Passing	Name of the School/College	Name of the Board/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