OFFICE OF THE CONTROLLER OF EXAMINATIONS

BISHOP HEBER COLLEGE (Autonomous),
Tiruchirappalli – 17.

M.Phil Application Form For End Semester Examinations

Department : .....

Period : ..... **Part Time / Full Time**

Sec. : ..... **Aided / SF ( )**

Register Number : | | | | | | | | | |

1. Name in Block Letters : (As in +2 Marks Sheet)
(Initial at the end, leaving a blank space between names and initials)

2. Date of Birth :
(As in +2 Marks Sheet)

Date		Month		Year			

3. Gender : **( )** **Male** **Female**

4. Particulars of Examination Fees Paid: **Date of Payment:** .....

Amount Paid: **For Regular Course Fee** ₹ _____

For Arrear Course Fee ₹ _____

Dissertation Fee ₹ _____

Total ₹ _____

Rupees (in words) .....

..... **only.**

Date: **Signature of the Student**

Note:
This application must be submitted to the Office of the Controller of Examinations along with the counter foil of the Bank Challan – for verification within the due date.