

# APPLICATION FORM FOR APPEARING IN THE DIBRUGARH UNIVERSITY RESEARCH ADMISSION TEST (DURAT) 2014

To be submitted to the concerned Teaching  
Department/ Centre of Studies on or before  
24.10.2014



Sl. No. ....

**DIBRUGARH UNIVERSITY**  
Dibrugarh 786 004

Affix passport  
size  
photograph  
here

Subject:

Applied for

Please mark 'X' in the appropriate box

M.Phil	Ph.D.	Both
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>

1. Name of the candidate in Full:

(BLOCK LETTERS):                      Surname                      Name                      Middle Name

MR./MS.			
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2. Address for Correspondence with PIN Code and Mobile No.:

\_\_\_\_\_

\_\_\_\_\_

Pin \_\_\_\_\_ Mobile No. \_\_\_\_\_

3. Father's Name : .....

4. Guardian's Name, Occupation and Address:

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Mobile No./Telephone No (with STD Code) \_\_\_\_\_

5. Mother's Name : .....

6. Date of Birth:

(According to the Certificate)

Day	Month	Year
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

7. Nationality: .....

8. Sex: (Please tick /) Male  Female

9. Caste (Please tick/)  
(Attach Certificate)

SC		ST(P)		ST(H)		OBC		GENERAL	
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10. Whether differently abled: Yes ☐ No ☐

(If yes, please state the Nature of the Handicap and attach Medical certificate issued by the Joint Director of Health Services of the District concerned)

11. Whether employed? Yes ☐ No ☐ (if yes, produce No Objection certificate from the Employer)

**12. Educational Qualification (Please attach self attested Pass Certificate and Marksheet):**

Post Graduate Or Equivalent Degree	Subject	University/ Institute	Roll No.	Year of Passing	Class	Percentage of Marks/CGPA

**13. Give particulars of submission of Examination Fee:**

N.B.: The candidates shall have to deposit Rs.500.00/- (*Rupees Five Hundred*) + Rs.60/- (*Rupees Sixty*) only as **Examination Fee+ Bank Charge** at the Account of the State Bank of India mentioned in the prescribed **Bank Challan**, which can be tendered through any Branch of the State Bank of India. Prescribed copies of the **Bank Challan** are available with this Application Form. ***It may kindly be noted that the University shall not receive the Fees in any other form.***

(a) Fee Deposited Bank Challan No.

(c) Amount: Rs.

(d) Date of Issue:.....

**DECLARATION**

I declare that the information given above is true and complete to the best of my knowledge and belief and if any of them is found to be incorrect, my admission shall be liable to be cancelled and I shall be liable to such other disciplinary action as may be decided upon by the University.

Date:

Place:

\_\_\_\_\_  
Signature of the Candidate

- Incomplete Application forms shall be summarily rejected.

**DIBRUGARH UNIVERSITY RESEARCH ADMISSION TEST (DURAT), 2014**  
**ATTENDANCE SLIP FOR USE AT THE TEST CENTRE**

*(TO BE KEPT WITH THE OFFICER-IN-CHARGE FOR USE ON THE DAY OF EXAMINATION)*

NAME \_\_\_\_\_ Subject: \_\_\_\_\_

**Applied for**

(Please mark 'X' in the appropriate box)

M.Phil	Ph.D.	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please  
Affix  
passport  
size  
photograph

Roll No.

--	--	--	--	--

**Date of Test : 15.11.2014**

**Time : 11.00- 14 Hours**

\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Signature of the Head/ Director of the Department/ Centre of Studies



**DIBRUGARH UNIVERSITY RESEARCH ADMISSION TEST (DURAT), 2014**  
**ADMIT CARD**

**Applied for**

(Please mark 'X' in the appropriate box)

M.Phil	Ph.D.	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roll No.

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Name of the Candidate \_\_\_\_\_

Father's / Mother's Name \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN 

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Please  
Affix  
Passport size  
Photograph

**Date of Test : 15.11.2014**

**Time : 11.00- 14.00 Hours**

\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Signature of the Head/ Director of the Department/ Centre of Studies

\*Admit Card shall not be sent by post. The candidates shall have to collect it from the Teaching Department/ Centre of Studies concerned.