



University of Mumbai

CENTRE FOR AFRICAN STUDIES

Area Studies Bldg. Kalina Campus,
Vidyanagari, Santacruz (E) – 400 098.
Tel: 022 26543417 / 022 26530241
Mobile: 08451998861
E-mail: africanstudies2014@gmail.com

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

Academic year 2016-2017

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 _____

(Please send duly filled form on email id – africanstudies2014@gmail.com)