



DIBRUGARH UNIVERSITY:: DIBRUGARH::786 004

REGISTRATION FORM FOR AUDIT COURSE

(The Applications must be forwarded by the Head/ Director of the Teaching Department/ Centre of Studies/ Institute concerned)

- 1. Name of the Applicant :.....
- 2. Department/ Centre :
- 3. Programme pursuing on the date of application :.....
- 4. Semester with Roll No. :..... Semester, Roll No.
- 5. Address for correspondence :.....
 :.....
 Mobile No.
 E-mail ID:
- 6. Applied for Registration for the Audit Course on :

DECLARATION

I hereby declare that I am a bonafide and Regular student of Dibrugarh University studying in the Semester of the Programme bearing Roll No. of the Department of/ Centre for Studies in I want to pursue the (Name of the Course) as an Audit Course and shall abide by the relevant rules and regulations of the University.

Date:

Full Signature of the Applicant

Forwarded by the Head/ Director of the Teaching Department/ Centre of Studies/ Institute concerned.

FOR OFFICE USE ONLY

Admission recommended/ not recommended

Course Coordinator, Audit Course in, Dibrugarh University