NOTICE

All M.Phil students regular and repeaters are hereby informed to fill up the attached exam form for the purpose of M.Phil examination 2020-2021, and submit exam form online on or before 9th January 2021.

Online form should be submitted at lawmuoffice@gmail.com

Online link for the payment of M.Phil exam fee will be provided to M.Phil students after filling up their exam form in due course from the UCC Section of University of Mumbai.

Mumbai 5th January, 2021 Sd/-Head,Department of Law.

[P.T.O.

No. 218

UNIVERSITY OF MUMBAI

Abbreviated name of the Department/College

MASTER OF PHILOSOPHY IN _____

(Examination fee Rs. 750/-) (Dissertation fee Rs. 750/-)

The Controller of Examinations, University of Mumbai, M. J. Phule Bhavan, (Exam. House), Vidyanagari, Santacruz (East), Mumbai-400 098. Sir, I request permission myself at the ensuing examination for the Degree of Master of Philosophy in the faculty of _____ in the subject of ____ and remit herewith Rs. 750 only. (Seven Hundred Fifty only) I wish to be examined in the following two papers: Dissertation (i) (ii) Title of Dissertation _____ (iii) I wish to answer the papers in the above subjects in _____ medium. † I request permission to present myself at the ensuing examination for the Degree of Master of Philosophy as I failed at the M.Phil. examination held in _____ † I hereby declare that since my last appearance at this examination from the College/ Department, I have not joined any other College/Department for prosecuting further studies for this examination. Yours faithfully Signature of the Candidate _____ Date **EXAMINATION PARTICULARS** Name in full in CAPITAL letters (Surname) (Own Name) (Father's Name) (Mother's Name) Male/Female (Race and Religion) If belonging to Scheduled Caste/Tribe, give details, College/Department

† To be struck off where it is not applicable.

Date of Passing the Master's degree e the name of the University		
Class obtained at Master's degree exa	amination	
Date of Registration as a Final M.Phil. student in this University	.}	
Residential Address (Local)		
	•	Tel. No
Residential Address (Permanent)	<u> </u>	
		Tel. No
I certify that Shri/Smt./Kum has completed the course satisfactori	ily and has kept terms as under :—	
from	20 . to	20 .
	Signature	
Place	Principal/Head	College/Department
Date 20 .		