

Form No.

UNIVERSITY OF MUMBAI & DEPARTMENT OF ATOMIC ENERGY

CENTRE FOR EXCELLENCE IN BASIC SCIENCES

Health Centre, University of Mumbai, Kalina Campus, Mumbai 400098

Phone: 91-22-265624983

www.cbs.ac.in

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APPLICATION FOR ADMISSION – 2017
FIVE YEAR INTEGRATED M.Sc. DEGREE COURSE

The Registrar
UM-DAE Centre for Excellence in Basic Sciences
Health Centre Building
University of Mumbai, Vidyanagari
Mumbai 400098

Photograph of
student

Sir,

I seek admission to the Five Year Integrated M.Sc. Degree Course of UM-DAE CEBS.

Name in full as per 12 th standard (HSC) certificate (Do NOT use initials)						
NEST 2017 Application Number						
NEST 2017 Roll Number						
NEST 2017 All India Rank						
Category	GEN	OBC	SC	ST	PD	J&K
Category Rank						
DETAILS OF EXAMINATION PASSED						
Examination	Year of passing	Institution/Board/University		Subjects	Percentage	
SSC (10 th standard)						
HSC (12 th standard)						
Contact Details of Student						
Landline		Mobile			Email ID	

Personal Details

Name in full as per 12 th standard (HSC) certificate			
Permanent address			
Current address If same as permanent address, just write "same as above". Otherwise give the full postal address			
Religion		Caste	
Date of birth	Year	Month	Date
Date of birth (in words)			
Place of birth	City	State	
Age in completed years			
Gender (Tick as appropriate)	Male	Female	
State to which applicant belongs			
Father's name			
Father's occupation			
Contact details of father	Mobile number	Email ID, if available	
Mother's name			

Mother's occupation			
Contact details of mother	Landline	Mobile	Email ID, if available

Contact details of local guardian, if any. (If you have a relative or a close family friend staying in Mumbai, please give details)

Name of relative			
Relationship with student			
Full postal address of the local guardian			
Contact details of the local guardian	Landline	Mobile	Email ID, if available
(NOTE: All students are strongly urged to give details of local guardian, if any, in Mumbai.)			
Any other information			

I hereby declare that the information provided is true to the best of my knowledge and I am responsible for the information provided. My admission is subject to cancellation at any time if the information is found to be false or misleading. I agree to abide by the rules and regulations of the Centre, as amended from time to time.

Yours faithfully

Signature of parent Signature of student

Date:

Place: CEBS, Mumbai