



M.P.BIRLA INSTITUTE OF FUNDAMENTAL RESEARCH

2nd Floor, M.P.Birla Research Centre, Bharatiya Vidya Bhavan Campus

43/1, Race Course Road, Bangalore – 560001

Telephone : 080-22385956 Telefax : 080-22385957

Application No.....

APPLICATION FORM
FOR ADMISSION TO THE 100-HOUR CERTIFICATE COURSE
IN ASTRONOMY AND ASTROPHYSICS

Affix a recent
Passport size
colour photograph
here and enclose
one passport size
and one stamp size
photograph
separately.

1. Name

2. Date of birth Male Female

3. Name and address of the college in which the applicant is studying* (if applicable):

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.....Telephone:.....

4. Contact address (preferably residence address of the applicant):

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e-mail IDTelephone:.....

5. Give at least two reasons for choosing the certificate course in Astronomy and Astrophysics

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I shall abide by the rules and regulations of the Institute during the period of my course work at the M.P.Birla Institute of Fundamental Research, Bangalore.

Place:

Signature of the candidate

Date:

****For bonafide students only***

Name and address of a person (from an educational or scientific organization) for academic reference:

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I am willing to be the Referee for the applicant

Signature of the Referee