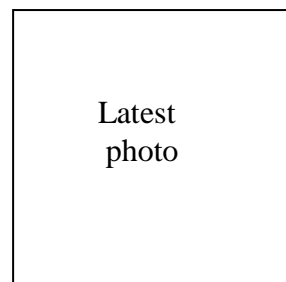


**Information form:** (To be filled by applicants requesting for **Certificate of Affiliation** from University of Delhi)

**To be submitted at:** The Office of Dean- International Relations, Conference Center (First floor)  
University of Delhi (North Campus), Delhi, India, Tel: +91 (011) 2766 7771  
Email: [deanir.du@gmail.com](mailto:deanir.du@gmail.com) (Submit **signed** Hard copy/**scanned** copy by E-mail)

**UNIVERSITY OF DELHI**



1) **Name:** ..... **Nationality**.....  
Title (Last) (First) (Middle)  
(Ms/Mr/Dr/Prof)

Address.....  
City.....Country ..... Pin/Zip code.....

Telephone.....E-mail.....

**Passport No.**.....Date of expiry ..... Visa (Issued/Applying for).....  
*(Attach copy of the front pages of the passport with photo)*

Specify if you are a: Foreign.....Indian.....**OCI**.....PIO  
(Please tick) National National overseas citizen Person of  
of India Indian origin

**Parent or Legal guardian's address** .....  
(For student only) .....

**Emergency contact** Name.....Relationship ..... Tel.....

2) College/University/Institute you attend Institution.....Contact name.....  
Address.....E-mail.....

3) Agency sponsoring your trip to India.....

4) Academic supervisor at your home University: Name.....Dept.....  
*(Attach letter emphasizing the need for affiliation with Delhi University)* University.....E-mail.....

**OR** No Objection Certificate from your organization, where you are employed.

5) Statement of purpose *(State your Research interests, Plan of work, and explain how you would benefit from the research affiliation with Delhi Univ.?)* **Describe in 1-2 typed pages**

**Attach a copy of your C-V (1 page)**

6) Subject Area: .....

7) Title of Research project .....

8) Your proposed place of stay in Delhi .....  
Contact details (Address).....Tel:.....E-mail.....

9) Have you contacted any Academic supervisor at **Delhi University**?  
*(Attach relevant correspondence and consent of the Academic supervisor at the Univ. of Delhi)*  
Name:.....Department:.....Tel./E-mail.....

10) Facilities you wish to use at the University of Delhi.....  
**Period of affiliation desired From:**.....**To:**.....

*I hereby certify to the best of my knowledge that the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I agree to pay the processing fee as applicable for the certificate of affiliation.*

**Signature( Applicant).....Date.....Place.....**

**Please check if the following documents are attached.**

- Passport pages (front pages with photo), Reference letter from your home university
- Sponsoring agency letter, Statement of purpose (1-2 pages), Brief C-V (1 page)
- Correspondence and consent of the Academic supervisor at the University of Delhi.