



Submission of Justification of Acceptance of a Foreign Degree by a Department for Postgraduate Applicants

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|--|-----------|--|-----------|-------------|---|--|---------|--|
| 1. Candidate name(s) (with initials): | | | | | | | | |
| 2. Ref. No.(s) to the Selected list of candidates: (Official Use Only) | | | | | | | | |
| 3. Complete name of the Degree: | | | | | | | | |
| 4. Name of Institution offering the Degree: | | | | | | | | |
| 5. Type of Degree: | Full Time | | Part Time | | Honors | | General | |
| 6. Duration of Degree: | | | | | | | | |
| 7. Equivalent SLQF level: | | | | | | | | |
| 8. Field of Specialization and related minor (if any) of the Degree: | | | | | | | | |
| 9. Name of professional body by which the Degree is accredited: | | | | | | | | |
| 10. Is the Institution listed under category of degree awarding institutions recognized by the UGC? | Yes | | No | | | | | |
| 11. Is the Institution is listed under category of degree awarding institutions recognized by suitable authorities' other than the UGC? | Yes | | No | | If Yes, please specify | | | |
| Official Use Only | | | | | | | | |
| 12. Provide any additional justification to indicate as to why the Degree is acceptable to the Faculty in view of candidature for the postgraduate programme of interest. | | | | | | | | |
| 13. Please attach a transcript or detailed syllabus of the course of the Degree programme under consideration. | Yes | | No | | If No, please give justification for selection. | | | |
| 14. Coordinator(s) Signature | | | | Date | | | | |