



OXFORD CENTRE FOR HINDU STUDIES

Oxford Centre for Hindu Studies

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Student Application for Affiliation with OCHS.

Full Name: _____

Date of Birth: _____

Sex: _____

Title: _____

Nationality: _____

Permanent Address: _____

Contact Information:

Mailing address (if different): _____

Telephone: _____

Email: _____

Education:

College education -

Institution: _____

Degree: _____

Date: _____

Major concentration: _____

Names, and contact information (address, fax, email) for two persons prepared to write references on your behalf; one must be a professor at an academic institution.

Degree program at Oxford to which you are applying or are studying for:

Expected areas of academic concentration at Oxford:

Please include with this application a statement (about one page will suffice) indicating your overall academic interests and reasons for applying to Oxford and for affiliation at the Centre

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