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| ADMISSION FORM FOR Ph. D PROGRAMME (JULY-DECEMBER-2019) |
| 1 | DEPARTMENT |  | AFFIX A RECENT COLOUR PASSPORT SIZE PHOTOGRAPH |
| 2 | AREA OF SPECIALIZATION |  |
| 3 | NAME OF CANDIDATE(IN BLOCK LETTERS) |  |
|  |
| 4 | FATHER’S NAME |  |
| 5 | MOTHER’S NAME |  |
| 6 | DATE OF BIRTH |  |
| 7 | E-MAIL |  | MOBILE NO |  |  |  |  |  |  |  |  |  |  |
| 8 | CATEGORY(WHETHER ST/SC/OBC/GEN/PWD) |  |
| 9 | NATIONALITY(WETHER INDIAN/NON-INDIAN) |  |
| 10 | GENDER | MALE | *Tick here* | FEMALE | *Tick here* |
| 11 | ADDRESS FOR COMMUNICATION(IN BLOCK LETTERS) | Mr/Ms |  |
| C/O |  |
| VILLAGE/TOWN/ CITY |  |
| POST OFFICE |  |
| POLICE STATION |  |
| DISTRICT |  |
| STATE |  | PIN CODE |  |  |  |  |  |  |
| PHONE/ MOBILE NO  |  |  |  |  |  |  |  |  |  |  |
| 12 | PERMANENT ADREESS(IN BLOCK LETTERS) | MR/MS |  |
| C/O |  |
| VILLAGE/TOWN/ CITY |  |
| POST OFFICE |  |
| POLICE STATION |  |
| DISTRICT |  |
| STATE |  | PIN CODE |  |
| PHONE/MOBILE NO |  |  |  |  |  |  |  |  |  |  |
| 13 | DECLARATION I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the information furnished in this application is true and correct to the best of my knowledge and belief. I understand that, in case of any discrepancy detected at any stage, my candidature/admission shall be liable to be cancelled.  |
| Candidate's Signature |  |
| Date  |  |