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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 |  | | | | | | | | | | | | | | | | | | | | | | |
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| VILLAGE/TOWN/ CITY |  | | | | | | | | | | | | | | | | | | | | | | |
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| POLICE STATION |  | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | |