

Ph.D. REGISTRATION FORM

(To be filled in BLOCK LETTERS)

Dear Sir/Ma'am,

I am submitting my application for registration/admission to Ph.D. Programme in _____

and I am giving below my particulars for Consideration.

Application No. / Admission No. _____ Session _____

Programme _____ Part-time / Full-Time _____

Full Name of the Student _____

Mobile No. _____ Date of Birth _____

Email ID _____

Category (General/ OBC/ SC/ ST) _____ Physically Challenged _____

Nationality _____ Religion _____ Aadhaar Card No. _____

Gender (Male/Female/Transgender) _____ Marital Status _____

Employee ID (In case of Internal Faculty/Staff) _____

Father Name/Spouse Name _____ Mobile No. _____

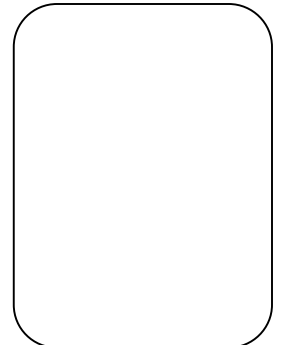
Mother Name _____ Mobile No. _____

Present Address _____

_____ City _____ Pin Code _____

Permanent Address _____

_____ City _____ Pin Code _____



Details of Universities/Institutions attended (from 10th Standard onwards)

Qualification	Stream/Degree/Discipline	College / University/ Board	Passing Year	Marks/Percentage/C GPA
10th				
12th				
Diploma				
UG				
PG				
Other Degree				

Professional Qualifying Examination Passed (attested copy of certificate must be attached):

M.Phil./GATE/UGC/CSIR NET (JRF) / SLET/ ICARI /GPAT _____

Professional Experience (Teaching/Research/Industrial), if any

Sl. No	Name of organization	Position held	Type of work	Period	
				From	To
1					
2					
3					
4					

List of documents to attached with this form

- | | |
|---|---|
| <input type="checkbox"/> 10th Mark Sheet | <input type="checkbox"/> Aadhaar Card (Mandatory) |
| <input type="checkbox"/> 12th Mark Sheet | <input type="checkbox"/> Admission Offer Letter |
| <input type="checkbox"/> Medical Fitness Certificate (Original) | <input type="checkbox"/> Caste Certificate (In case of SC/ST/OBC) |
| <input type="checkbox"/> Diploma Mark Sheet (If applicable) | <input type="checkbox"/> Certificate of Differently Abled (If Applicable) |
| <input type="checkbox"/> Graduation Mark Sheet & Degree | <input type="checkbox"/> 4 Passport size photo |
| <input type="checkbox"/> Post-Graduation Mark Sheet & Degree | <input type="checkbox"/> NOC from current employer |
| <input type="checkbox"/> M.Phil./GATE/UGC/CSIR NET (JRF) / SLET/
ICARI /GPAT Scorecard (If Applicable) | |

Date: _____

Signature of the Student