

PROFORMA OF APPLICATION FOR Ph.D. PROGRAMME

Space for photograph

(Sign. across)

1. Name of the Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_\_\_\_
3. Age as on 30.05.2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD)
4. Sex: Male Female (Please highlight/tick the appropriate box)
5. Whether Married: Yes No (Please highlight/tick the appropriate box)
6. Category : SC ST OBC EWS UR (Please highlight/tick the appropriate box)

**(Attach a copy of community certificate duly self-attested in support of your claim)**

1. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email-ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Full Address for Correspondence with telephone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Educational Qualifications: (Start with Standard X)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination Passed | Year of passing | Name of the Board/University | Class/ %of marksobtained | Subject(s) taken | Regular/Distance Education |
| HSC/Matric |  |  |  |  |  |
| CHSE/10+2 |  |  |  |  |  |
| B.Sc. |  |  |  |  |  |
| M.Sc. |  |  |  |  |  |

1. Results of CSIR/UGC-NET/ICMR/DBT-Inspire qualified: Qualified Not Qualified

**If qualified, provide details of the qualifying exam: (month/year; Registration number)**

**---------------------------------------------------------------------------------------------------------------**

**---------------------------------------------------------------------------------------------------------------**

1. Research Publications if any?

**(Attach a copy of manuscript duly self-attested in support of your claim)**

1. Please provide name and address (with telephone number and email ids) of two academic references:

(i)

(ii)

1. Details of demand draft (for application fee)

|  |  |  |  |
| --- | --- | --- | --- |
| DD Issuing Bank | DD Issuing Bank BRANCH | Date of DD Issued | Amount (₹) |
|  |  |  |  |

**Checklist for the attachments:**

|  |  |  |
| --- | --- | --- |
| S. No. | Certificate/Document’s name | Tick (√) the box if attached |
| 1. | Community certificate/caste certificate |  |
| 2. | HSC/Matric Mark sheet and Certificate |  |
| 3. | CHSE/10+2 Mark sheet and Certificate |  |
| 4. | B.Sc. Mark sheet and Certificate |  |
| 5. | M.Sc. Mark sheet and Certificate |  |
| 6. | Letter /certificate of the qualifying exam |  |
| 7. | Publication Details |  |
| 8. | Applicable demand draft |  |
| 9. | Photo Identity |  |
| 10 | Full signature on the bottom line of every page provided (In Hindi or English)  |  |

**NOTE**

Incomplete application, unclear or initial signature, wrong information will warrant rejection or disqualification of the candidate at any point of time. Decision of the concerned authority will be firm and final. No correspondence will be entertained in this regard.

**DECLARATION**

I, ---------------------- ----------------- ------------------------- do hereby declare that the information provided above is correct in best of my knowledge. I shall abide by all the rules and regulations of the Institution.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full signature of the Applicant

Place: -----------------------------