



## Ph.D. Registration Form

### Instructions to Candidates:

1. Please read the instructions carefully before filling out the form.
2. Ensure all information is accurate and complete.
3. Attach self-attested photocopies of required documents.
4. Incomplete applications will be rejected.

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### Personal Details

1. Full Name (in BLOCK Letters): \_\_\_\_\_
2. Gender:  Male  Female  Other
3. Date of Birth: \_\_ / \_\_ / \_\_ (dd/mm/yyyy)
4. Nationality: \_\_\_\_\_
5. Category:  General  SC  ST  OBC
6. Aadhaar Number: \_\_\_\_\_
7. Blood Group : \_\_\_\_\_
8. Address for Correspondence: \_\_\_\_\_
9. Contact Information:
  - o Phone Number: \_\_\_\_\_ WhatsApp Number: \_\_\_\_\_
  - Father/Guardian Number: \_\_\_\_\_ Email ID: \_\_\_\_\_

### Academic Qualifications

(Starting from the most recent)

Qualification	Year of Passing	Institution	University/Board	% / Grade	Subject
Master's					
Bachelor's					
12 <sup>th</sup>					
10 <sup>th</sup>					
Others					

**Research Information**

1. Subject/Discipline Applied For: \_\_\_\_\_
  2. Proposed Research Area: \_\_\_\_\_
  3. Have you qualified NET/SLET/GATE/other equivalent exams?  Yes  No
    - If yes, provide details: \_\_\_\_\_
- Last Best Publications (if any):
    - Title(s): \_\_\_\_\_
    - Journal/Publisher: \_\_\_\_\_

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**Work Experience (if any)**

Organization	Position Held	Duration	Responsibilities

**Enclosures Checklist:** (Attach self-attested copies of the following documents)

- |  |   |
|--|---|
| <input type="checkbox"/> 10th Marksheet/Certificate                  | <input type="checkbox"/> Aadhaar/Passport Copy                  |
| <input type="checkbox"/> 12th Marksheet/Certificate                  | <input type="checkbox"/> Caste Certificate (if applicable)      |
| <input type="checkbox"/> Bachelor's Degree Certificate and Marksheet | <input type="checkbox"/> EWS Certificate (if applicable)        |
| <input type="checkbox"/> Master's Degree Certificate and Marksheet   | <input type="checkbox"/> Experience Certificate (if applicable) |
| <input type="checkbox"/> NET/SLET/GATE Certificate (if applicable)   | <input type="checkbox"/> Research Proposal (if applicable)      |
|  | <input type="checkbox"/> Passport-sized Photograph              |

**Declaration**

I hereby declare that the information provided by me in this application form is true to the best of my knowledge and belief. I understand that any incorrect or incomplete information will lead to the cancellation of my candidature.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**For Office Use Only**

Application No.	Verified By	Comments