Application Form Fees: Rs. 1000/-							
For OFFICE USE ONLY							
Faculty code							
Program code							



## **DOCTOR OF PHILOSOPHY PROGRAM**

Application for Ad	mission to Ph.D. Prog	ram [Batch:-	]	
Selec	et the Admission Category (	Mark-√)		
Full Time Research Scholar	Part Time Researc	h Scholar		
Faculty of		<b>-</b>		Passport size Photograph
Department/Discipline				
Area/Domain of Research				
(1) Full Name of Applicant (	In BLOCK letters)			
Surname	Name		Fatl	ner's Name
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Father/Husband's Name Mother's Name				
	No. (Please do not repeat yo	ur name)		
Present / Corresponde			Permanent A	ddress
Pin	n Code		Piɪ	n Code
Phone No. with Code		Phone No. w	vith Code	
Mobile No		Mobile No		
E-mail ID.		E-mail ID		
		L		
(3) Gender (Mark $-$ )	Male	Female		
(4) Date of Birth: (DD/MM/ YYY	YY)			
(5) Birth Place : G	ujarat Othe	r State in India, P	lease Specify	
(6) Citizenship:	dian Others	Blo	ood Group	
(7) Category: <u>SC / ST / SEBC / OF</u>	<u>PEN</u>			
(8) ReligionC	Caste	Sub Cas	ste	
(O) Name of Co. 111 1 2 2				
(9) Name of Course and University last attended	y			
(10) Are you currently employed?	? Yes / No			
(a) Designation				
(b) Name, Address and Pho No. of the organization	one			

- DAG	mination	University	Year	Specialization Subject	Division	Obtained Marks / Max. Marks	Percentage CGPA/ Grade	
	Are vou	UGC-NET (including IR	F/UGC-CSIR N	FT (including IRF)/SL	ET/GATE qualit	fied? v.	/ NT -	
(12) A		_	uding JRF)/UGC-CSIR NET (including JRF)/S OR wship holder or have passed M.Phil. Programm		_	10	Yes / No Yes / No	
		a Teacher Fellowship hor ttach necessary support			(Mark - V)	10	105/110	
		UG Mark sheet(s) of all PG Mark sheet(s) of all Relieving letter from Sp Experience Certificate School Leaving Certificate Caste with Category Certificate Proof of address (Aadha	semester & Degronsoring Authori ate / Transfer Certificate (if applic	ee Certificate ty / No Objection certificate able)	icate from emplo	oyer		
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