



Application Form For DOCTOR OF PHILOSOPHY (Ph.D.) PROGRAMME

Affix Latest Passport
size Colour
Photograph of
candidate with
signature

Admission in Institute / Department:					
Proposed Research Area:					
Research Topic (if decided):					
Admission Category :		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
:: Personal Details ::					
Full Name					
Date of Birth					
Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
				<input type="checkbox"/> Other	
Category (Tick Mark)		General	SC	ST	OBC
				EWS	Other
Marital Status		<input type="checkbox"/> Single		<input type="checkbox"/> Married	
				<input type="checkbox"/> Others	
Nationality					
Religion					
Aadhaar No.					
Mobile No.		1.		2.	
Email ID					
Correspondence Address					
		City:		State:	
				Pin code:	
Permanent Address					
		City:		State:	
				Pin code:	



:: Educational Details ::					
Course	Field	Institute / University / Board / Council	Specialization	Grade/CGPA / Percentage	Year of Passing
UG					
PG					
Other					
:: Work Experience Details (If any) ::					
Organization	Designation	Duration	Responsibilities		
Whether GATE/NET/SLET/GPET qualified: YES/NO : If Yes, Score_____ out of_____ Rank_____					
Have you received any Research scholarship: YES/NO : If Yes, give details_____					
Publications (If any):					
List of publications, conference papers, or research work (if applicable)					
1.					
2.					
3.					
4.					
5.					



Documents to be Attached (Self-Attested Copies):

Graduation and Post-Graduation Mark Sheets	<input type="checkbox"/>
Certificates & Degrees	<input type="checkbox"/>
Research Proposal (2 Copies)	<input type="checkbox"/>
Experience Certificate (if any)	<input type="checkbox"/>
Identity Proof (Aadhar/PAN/Passport)	<input type="checkbox"/>
Recent Passport Size Photograph	<input type="checkbox"/>

:: Declaration by the Applicant ::

Name of Applicant:	Mr./Ms./Mrs.
Declaration:	I hereby declare that the information provided above is true to the best of my knowledge. If any information is found to be incorrect, Sarvajani University reserves the right to cancel my application/admission. I shall abide by all the rules and regulations of the University.
Date:	
Place:	
Signature of the Candidate:	

:: For Office Use Only ::

Application Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Remarks (if any):		
Signature of Authority:		
Date:		