Appendix-5

SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI

APPLICATION FOR THE ADMISSION TO Ph.D. PROGRAMME

To,

The Head of Research Center,

_____

_____

_____

Dear Sir,

I, the undersigned, hereby apply for the admission to Ph.D. program in the subject _____ in the faculty of _____ at the Research Center.

1. Name in Full :

_____

(**In Block Letters**) Surname First Name Middle Name

2. Name of Father / Husband : _____

3. Name of Mother: _____

4. Permanent Address: _____

_____

_____

5. Gender : Male / Female

6. Whether physically challenged : Yes / No

7. Address for Correspondence : _____

_____

_____

Telephone No.: _____ Mobile No.:_____

E-mail ID:_____

8. Religion: _____ Caste: _____ Category SC/ST/OBC/VJ/NT/SBC/GENERAL

9. Nationality : _____

10. (A) Details of Qualifying Examinations :

Examination	University	Year	Subject Offered	Division/ Grade	Percentage
PG					
Any Other					

(B) Details of Ph.D. Entrance Test (PET)

Date of Examination	Roll No.	Score	Validity

(C) Details for Exemptions to PET:

Sr. No.	Category	Awarding Agency/University	Year	Roll No.
1	UGC/CSIR-NET (Including JRF) / SLET / GATE / GPAT / DST INSPIRE Fellowship Qualified			
2	Central government / UGC / AICTE Teacher Fellowship / Research Student Fellowship			

11. Employment Status: Employed / Not Employed
If employed

(a) Designation : _____

(b) Address of organization where employed :

_____

_____

12. List of documents enclosed : _____
(Self Attested) _____
_____

DECLARATION

I, hereby declare that above information is true, correct and authentic.

Place: _____
Date: _____ (**Signature & Name of the Applicant**)

Note: Attach the attested photo copies of the relevant documents.

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