

NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR SILCHAR 788 010, ASSAM

Application Form for Admission into Ph.D. Programme

(Please consult the **Regulations** before filling up the form.)

1.	Name:								
2.		Affix recent							
3.	Father's/Spouse's name:	nhotograph							
٥. 4.	•								
5.	Mother's name: Addresses:								
٠.	(a) For communication								
	Dist: State:	Dist:	State:						
	Dist. State.	Dist.	State.						
	(c) Email id:	(d) Phone no:							
6.	(a) DD No:	(a) DD No: (b) Date (c) Amount: Rs.							
7.	(a) Date of Birth:	(b) Marital Star	tus:						
	(c) Age on 01.01.20: (d) Nationality:								
	(e) Caste Category (OP/SC/ST/OBC/PH):								
	(if other than open category (OP), a category certificate must be enclosed)								
	(f) Specify if you belong to any other Backward Class:								
	(g) Mother Tongue: (h) Religion:								
8.	(a) Department to which admission is sought:								
	(b) Program in which admission is sought:								
	(c) Specialization to which admission is sought:								
	(d) Are you also applying to any other Department? (Yes/No):								
	If yes, list the other Department(s):								
	(i)								
	(ii)								
	(iii)								
	(iv)								

(e) Cate	egory of A	Admission	Sought	for (Tick t	the ap	propriate	one):			
Re	Regular			Sponsored				Part-time		
Project Staff Sponsored				sored (Ext	(External Registration)			Institute Employee		
		rsities/Inst of certific		`				,		
University/College/ Board		Degree obtained (with discipline)		Year		Marks/ SPA/ CPI	Class Obtained (if applicable)		Subjects taken	
10. (a) Prof	essional (Qualifying	g Examin	ation Pass	sed (a	ttested cop	y of cer	tificate n	nust b	e attached):
		GATE					UG	C/CSIR 1	NET	
Subject Valid Score Val			alid upto	id upto		Subject Qual		ifying Date		Valid upto
(b) Any		ource for for	•		•	•	if any (proof to		ached).
Nam	Name of organization		Po	Position held		Type of work		,		То
(i)										
(ii)										
(iii)										
10. (a) If ear (b) Who	mployed, ether emp	oloyer's pe	he preser	nt employe	er: ? (Ye:					
(a)					(c)					
(b)					(d)					

9.

Declaration

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and regulations of the Institute as amended from time to time.

I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular department and field of study. The Institute shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if it is found that information furnished by me are false or incorrect. I shall abide by the decision of the Institute, which shall be final.

information furnished by me are fals which shall be final.	se or incorrect. I shall	abide by the decision of the Institute,				
Place: Date:						
		Signature of the applicant				
	For office use only					
To be filled-in by	Departmental Ph.D. Ad	mission Committee				
% of B.Sc./B.Tech. marks/Grade	Perfori	nance of Selection Test				
% of M.Tech./M.Phil/M.Sc marks/ Grade	Positio	n in order of merit				
GATE/NET score	Catego	ry(OP/SC/ST/PH)				
Re	ecommended for admiss	ion:				
Signature of member Signatur	e of member	Signature of member				
Departme	Chairman, ental Ph.D. Admission (Committee				
a. To be filled by Institute Ph.D. Admission Committee:						
(i) Verified and found suita	ble and recommended	to Chairman, Senate for admission				
(ii) Not recommended for ac	dmission, with reason(s):				
(Signature of members):	:					
b. Admitted on approval of Chairr	nan, Senate.					

Dean (R & C)

Date: