UNIVERSITY OF CALCUTTA



Application Form for the Admission Test of the Ph.D. Programme in Atmospheric Science, 2017.

Name:	Affixed				
Date of Birth:					A
Father's Name	passport Photo				
Marital Status:					
Whether SC/ST	/OBC-A/OBC-B/PV	WD:			
Nationality:		Gender: M/F			
Address for Co	mmunication:				
Phone Nos.: E-mail:					
Academic Qua	lifications †:				
Name of the Examination	Year	Board/college/ University	Div./Class/ Grade	% of Marks	Remarks if any

Whether qualified in NET/GATE/equivalent examination:

List of publications, if any:

*University Challan No & date:

Signature of the applicant with date

^{*}Candidates are requested to deposit application fee of Rs.100/- by cash through duly filled in C.U. Challan, endorsed by the Head of the Department or his representative..

[†] Submit the filled in application form along with self attested testimonials from Higher Secondary onwards.

Signature of the Candidate

UNIVERSITY OF CALCUTTA



ADMIT CARD

Affixed A passport Photo

Ph.D. Admission Test in Atmospheric Science 2017

Name:							
University Challan No. & date:							
Date of Examination: 2017							
Place: Department of Atmospheric Science, Calcutta university, 51/2 Road, Kol-19							
Time: 1PM to 2 PM							
Hall Ticket No. (To be filled by office)							
Signature of the Candidate Signature of Head or his Representative	ve						
Candidate's copy							
UNIVERSITY OF CALCUTTA							
	Affixed A						
ADMIT CARD	passport Photo						
Ph.D. Admission Test in Atmospheric Science 2017 Name:							
University Challan No. & date:							
Date of Examination : 2017							
Place : Department of Atmospheric Science, Calcutta university, 51/2 Hazra Road, Kol-	- 19						
Time: 1PM to 2 PM							
Hall Ticket No. (To be filled by office)							

Signature of Head or his Representative