

FACULTY OF ARTS/SCIENCE/ENGINEERING/INTERDISCIPLINARY STUDIES, LAW & MANAGEMENT

(STRIKE OUT WHICH IS NOT APPLICABLE)

TO
THE REGISTRAR
JADAVPUR UNIVERSITY
KOLKATA – 700 032

SIR,

AFFIX ATTESTED RECENT PHOTOGRAPH

I HEREBY APPLY FOR REGISTRATION AS A PH.D STUDENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN ARTS/ENGINEERING/PHARMACY/SCIENCE/(SUBJECT)*					
OF YOUR UNIVERSITY IN THE DEPARTMENT/SCHOOL/INSTITUTE OF					
AND SUBMIT BELOW THE REQUISITE DETAILS,					
IF ACCEPTED, I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE UNIVERSITY.					
PARTICULARS GIVEN BELOW ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF.					
1. NAME (IN BLOCK LETTERS)					
2. DATE OF BIRTH SEX MARITAL STATUS					
3. FATHER'S NAME/MOTHER'S NAME					
4. CATEGORY: GENERAL/SC/ST/OBC-A/OBC-B/PHYSICALLY CHALLENGED (STRIKE OUT WHICH IS NOT APPLICABLE)					
5. NATIONALITY					

6. PERMANENT ADDRESS

^{*}Mention subject/discipline ONLY when applying for the Ph.D programme offered by a School/Institute. (Strike out whichever is not applicable)

7. ADDRESS FOR	R COMMUNICAT	ION:				
MOBILE NO						
PHONE NO						
E-MAIL						
8. PARTICULAR	S OF ACADEMIC	C CAREER:				
Name of the Examinations	Examination passed	Name of Institute/ University	Major Discipline	Year of Passing	Total Marks obtained	(%) Marks/CGPA
Madhyamik or Equivalent						
Higher Secondary or Equivalent						
Bachelor Degree						
Master Degree						
Post Master Degree						
M.Phil. (Two years regular course)						
(i) (ii)	MUST BE EN MIGRATION	COPIES OF ALL CER CLOSED. CERTIFICATE, IN C REGISTRATION FE	ORIGINAL, M			
9. WHETHER Q		IET/SET/GATE/ANY EASE ENCLOSE RE			EXAMINATIO	N
10 PRESENT EM	PLOYMENT/FEL	LOWSHIP (IN BLOC	CK LETTERS)):		
NAME OF O	RGANIZATION					

NATURE 	E OF RESEARCH WORK/DUTY
	ED RESEARCH WORK: POSED AREA/THEME OF RESEARCH:
(B) STAT	TEMENT OF PURPOSE REGARDING RESEARCH OBJECTIVE (WITHIN 100 WORDS)
	ARTMENT/SCHOOL/INSTITUTION WHERE THE PROPOSED RESEARCH WORK IS TO BE RIED ON WITH ADDRESS
	YOURS RESPECTFULLY
DATE:	
	(SIGNATURE OF THE APPLICANT IN FULL)
	EMPLOYER'S CERTIFICATE
SDI/SMT	
TIME EMPLO	OYEE OF THIS ORGANIZATION/ISNTITUTION/INDUSTRY WORKING IN THE CAPACITY
DATE:	FULL SIGNATURE WITH DESIGNATION OF THE EMPLOYER WITH OFFICIAL SEAL

PH.D. RESEARCH COMMITTEE

SELECTION OF CANDIDATE FOR	<u>REGISTRATION FOR PH</u>	<u> I.D. PROGRAMME</u>

DERED THE APPLICATION OF EGISTRATION OF NAME FOR PH.D. DEGREE	
WE INTERVIEWED THE CANDIDATE ONQUALIFIED/NOT QUALIFIED	
ADMISSION TEST: WAIVED/QUALIFIED/NOT QUA	LIFED
WE HAVE CHECKED THE UNDER MENTIONED OR (1) MADHYAMIK/EQUIVALENT EXAM. (2) HIGHER SECONDARY/EQUIVALENT EXAM. (3) BACHELOR'S DEGREE (4) MASTER'S DEGREE (5) M.PHIL (6) OTHERS B.T./B.ED./B.LIB. ETC.	
	SIGNATURE OF THE HEAD OF THE DEPARTMENT/DIRECTOR OF THE SCHOOL & CHAIRMAN, PH.D. RESEARCH COMMITTEE WITH SEAL
	WE INTERVIEWED THE CANDIDATE ON

SIGNATURE OF THE CONVENOR