

Application Form for Ph.D. Programme

For Office Use, Reg. No	Application R	eceived Date:		Affix Recent	
Discipline to which Ph.D. admission is sought (Please Tick):				Passport Size Photo	
Management Computer Science Media and Communication					
Personal & Contact Details:					
Applicant Name:First Name	ne	Middle Name	Last	t Name	
Permanent Postal Address:					
City:	City: Pin Code:				
Phone Number (with STD code):		Mobile Numb	er:		
Emil ID:					
Date of Birth://		Gender: Male		Female	
Category: General SC	ST	SEBC	OBC		
Whether physically handicapped? YESNONationality:					
Details of Application Fee (Rs:1500/-) DD No./Online Transaction No:					
Date:/ Bank:					
GATE/UGC-NET/CSIR-UGC Performance: (If Applicable)					
Name of Examination	Year	Score	Percentile	All India Rank	
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Education Details:

Examination	Area of Specialization	Year of Passing	Name of University	Percentage/ CPI	Class Awarded
Under-Graduate					
Post-Graduate					
M.Phil.					
Others					

Experience Details

Date of Joining	Date of Leaving	Organization	Position	Experience Type (Academic/industry /Research)	Total Experience in year

Note: You can add Annexure for additional details

List of publications:

Sr. No.	Research Paper Title	Name of The Journal And Vol.	Year of Publication	International/ National

Note: You can add Annexure for additional details



Sr. No.	Scholarship/fellowship Details	Year
Note: You	can add Annexure for additional details	
I have atta	ched the following documents:	
1. Brie	f Note / Proposal no interest area of research.	
2. De	tailed CV of the Applicant along with Passport size Photograph.	
3. Sel	f-Attested Copy of Mark Sheets / Experience Certificates / Sponsorship Letter	
4. Co	py of GATE Score/UGC-NET/CSIR-UGC (if applicable)	
5. Co	py of Certificate of OBC / SC / ST / PD (if applicable)	
6. Sul	omit the Details of Online Payment along with above enclosures	
I	hereby declare that all the details furnished a	bove in this application
are true, co	mplete and correct to the best of my knowledge and belief. In the event of any	of the information being
	or incorrect or any ineligibility being detected before or after the test / adm	2
	ncelled and action will be initiated against me. Further, I shall abide by all	-
	versity Rules and regulations of PhD program that are applicable to Part time / In	
candidates.		Service
candidates.		
Date:		
Place:	Applicant Signature	:
	TO BE FILLED BY EMPLOYER	
ne organi	sation has No	Objection if Mr.
S	pursues the research	n work proposed in th
plication at	SVG university for the award of Ph.D. degree.	
Date:		
Dlagge	Authorized Signatur	e:
Place:		
	Receipt of Ph. D. Form Submission	
Applicatio	Receipt of Ph. D. Form Submission	-·· - ··•
Applicatio	Receipt of Ph. D. Form Submission n Received Date:	-·· - ··•

Receiver's Signature & Stamp:

^{*} Ph. D. Application Form submission doesn't consider your admission.