



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 /M.Phil. Qualified			
2	Teacher 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.