



TEERTHANKER MAHAVEER UNIVERSITY

Delhi Road, Moradabad (U.P.) - 244001

APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAM

Please paste your recent coloured passport size photograph here

Area of research applied for:

1. Name of the candidate (in full & block letters)

2. Date of Birth 3. Gender (M/F).....
(attach copy of 10th Std. Certificate)

4. Father's Name

5. Mother's Name

6. Category (General/OBC/ST/SC/Others).....

7. Residence Status (Village/Town/City).....8. Blood Group.....

9. Parents Occupation Father.....Mother.....

10. Parents Education Father.....Mother.....

11. Annual Income (Rs.).....

12. State of Domicile13. Mother Tongue.....

14. Religion15. Nationality

16. **Correspondence Address:**.....
 City/Village.....Post.....Police Station.....
 Railways Station..... District..... State.....
 Pin Code..... STD Code..... Telephone No.....

17. **Contacts Details:**
 STD Code.....Tel. No.....Cell No.....Email ID:.....

18. Details of the Academic Qualifications & Experience, if applicable, on the basis of which admission is being sought

a) Academic Qualifications (Attach Documentary Evidence/s)

<i>Sr. No.</i>	<i>Examination Passed</i>	<i>College/ University Attended</i>	<i>Year of Passing</i>	<i>Division</i>	<i>Percentage of Marks Secured/ CGPA</i>	<i>Major Subject/ Specialization</i>	<i>Remarks</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
1.							
2.							
3.							
4.							
5.							
6.							

b) Details of the Experience (Attach Documentary Evidence/s)

(i) _____
 (ii) _____
 (iii) _____

(Attach extra sheet/s if required)

19. Name/s of the Supervisor and Co- Supervisor, if any
(Fill it up if the same has/ have been identified and attach biodata for ready reference.)

Supervisor: Name:.....
Designation:.....
Institution/Organisation:.....
Address:.....
Phone:.....
Email:.....

Co-Supervisor: Name:.....
Designation:.....
Institution/Organisation:.....
Address:.....
Phone:.....
Email:.....

20. Recommendations of the Supervisor :
along with signature(s)

Recommendations of the Co- :
Supervisor along with signature(s)

21. Research Plan/Synopsis on the subject of research (attach two copies of the synopsis as per the indicative plan enclosed)

Proposed Topic of Research :

Place : _____
Date : _____

(Signature of the Research Student/Candidate)

Signature of the Supervisor

Signature of the Co-supervisor