

SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI APPLICATION FOR THE ADMISSION TO Ph.D. PROGRAMME

To,

The Head of Resea	rch Center,				
	rsigned, hereby apply in the faculty of				
1. Name in Full In Block Letters)	:Surname	First N	Iame	Middle Name	
2. Name of Father / H	Iusband :				
3. Name of Mother: _					
4. Permanent Address	S:				
5. Gender : Male / Fe	male				
6. Whether physically	y challenged : Yes / No				
7. Address for Corres	pondence:				
					
					
	_		Mobile No	D.:	
	E-mail ID:				
8. Religion:	Caste:	(Category : SC/S	T/OBC/VJ/NT/SBC	C/GENERAL
9. Nationality:					
10. (A) Details of Qua	alifying Examinations :				
Examination	University	Year	Subject Offe	ered Division/ Grade	Percentage
PG					
Any Other					

(B)) Details	of Ph.D.	Entrance	Test ((PET)
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Date of Examination	Roll No.	Score	Validity

(C) Details for Exemptions to PET:

Category	Awarding Agency/University	Year	Roll No.
UGC/CSIR-NET (Including JRF) /			
SLET / GATE / GPAT /M.Phil.			
Qualified			
Teacher Fellowship			
	UGC/CSIR-NET (Including JRF) / SLET / GATE / GPAT /M.Phil. Qualified	UGC/CSIR-NET (Including JRF) / SLET / GATE / GPAT /M.Phil. Qualified	UGC/CSIR-NET (Including JRF) / SLET / GATE / GPAT /M.Phil. Qualified

11. Employment Status: Employed	ed / Not Employed	
(a) Designation:		
(b) Address of organization	where employed:	
12. List of documents enclosed : (Self Attested)		
I. hereby declare that above infor	DECLARATION mation is true, correct and authentic.	
1, hereby decides that above mior	manon is true, correct and audientic.	
Place:	(Signat	ure & Name of the Applicant)

Note: Attach the attested photo copies of the relevant documents.