Ph. D- REGISTRATION FORM

(Fill in capital letters only)

Admission based or	:/direct	M		Мо	de	Full/ Part	Full/ Part/ Internal		
Name (as per 10 th C	ertificate)				L				
Program		Branch			Semester				
Year of Admission		Hosteller			Non-Hosteller		er		
Date of Birth		Gender(M/F)			Nationality				
Blood Group	ood Group		Category(SC/ST/OBC			C/GEN)			
Mobile No.		Religions							
Aadhaar No.									
E-Mail ID									
ONTACT DETAIL	LOCAL (IN CASE E	MERGEN	ICY)						
Address:									
Distt	stt					Pin			
-mail		Tele No	•			Мо	b		
PERMANENT ADD	RESS								
Address:									
Distt		State				Pin	<u> </u>		
	Father of Stude		nt		Mother of		of Student	 f Student	
Name	i dener	or stade.				1-TOTTICE V	or student		
Qualification									
Occupation (Tick	. Service/			Govt. Service/Pvt. Service/					
Appropriate)	Entrepreneur/Business/ Professional / Others			al /	Entrepreneur/Business/ Professional /home maker/ Others				
Designation	Others				7 Home 1	nakery our			
Annual Income									
Mobile No.									
Email ID									
	CATIONS DETAIL	:							
Exam Passed Name of Boo Universit					Division	Full Marks	Marks Obtained	Per (%	
10 th									
12 th									
Dinloma				+					
Diploma									

I certify that information given above is correct. In case it is found to be wrong, I am liable for disciplinary action.

Graduation_

Others_

Post Graduation___

DATE: SIGNATURE OF STUDENT