

MAHARISHI MARKANDESHWAR UNIVERSITY, SADOPUR – AMBALA

(Established under Haryana Govt. Act No. 29 of 2010 and approved by the UGC under Section 22 of the UGC Act, 1956)

(NAAC Accredited University with Grade 'B')

APPLICATION FORM FOR ADMISSION TO THE Ph.D. PROGRAMME (2019-20)

1. **Name of the Candidate** :
(in block letters)

2. **Father's Name** :
(in block letters)

3. **Father Occupation** :

4. **Mother's Name** :
(in block letters)

5. **Mother Occupation** :

6. **Date of Birth** :
(proof to be attached)

Paste
a coloured Photograph
duly attested and attach
one additional copy
thereof.

7. **Name of discipline for admission to Ph.D Programme** :

8. **Please tick below whichever is applicable (for statistical information)**

Male Female Gen SC BC PH ESM Any
other

9. **State of Domicile**

District

10. **Nationality** _____

NRI **Foreigner**
(other than NRI)

11. **Details of Examinations Passed:**

Name of Examinations*	Name of the University/Board	Name of the Institution	Month/Year of Passing	Subject(s)	Maximum Marks	Marks Obtained	% Marks & Division
Matric							
10+2							
Graduation** _____							
Master's Degree** _____							
M.Phil _____							
UGC/CSIR NET/SET/ SLET or GATE							
Any other** _____							

*Attested copies of all the certificates/DMC's/Degrees to be enclosed.

**Mention name of the degree.

12. **Basis for seeking Exemption from appearing in the Entrance Test.**

(for other than NRI/Foreigners)

Examination qualified	Name of the Examining Body	Month & Year	Supporting documents enclosed, if any.
M.Phil/NET/GATE/SLET			

13. Details, if in employment:*

Name of the Org/ University/Institute	Name of post	Present Pay & Grade	Nature of Appointment	Date of Joining	Remarks
Previous Experience, if any					

* No Objection from the Employer to be enclosed.

P.T.O.

14. Area(s) of interest for research: _____

(one page note to be attached)

15. Details, if already registered/worked for Ph.D. elsewhere :

Name of the University/Institute	Subject for which registered	Topic of research	Name of the Supervisor	Period	Reasons for leaving

16. Postal Address for Communication:

..... **City** **State** **Pin**

Ph:(with STD Code)/Mobile : **Email ID**

17. Permanent Address:

.....

Declaration by the candidate:

I declare that entries made by me in this Application Form are true and correct in all respects and in case any entry or information given by me in this form is found to be false, this shall entail automatic cancellation of my admission besides rendering me liable to such action as the University may deem fit.

I have noted that my admission to the Ph.D. Programme and my continuance on its rolls are subject to the provisions of the University and other rules and instructions as may be applicable from time to time. I also undertake that I shall abide by the rules of discipline and proper conduct as are applicable from time to time in the University and its institutions.

I am fully aware of the Regulations of the UGC and other Regulating Bodies and law regarding ragging as well as the punishment and that if found guilty on this account, I am liable to be punished accordingly. I undertake that I shall not indulge in any act of ragging. I also undertake that I have read and understood the Information Brochure 2019 of Ph.D. Programme, issued by the University.

Place

Date

Signature of candidate

For office use only

This is to certify that:

1. Basis on which the candidate is entitled _____
for exemption in Entrance Test. _____

2. Basis on which the candidate is entitled for _____
exemption in undertaking the Course work. _____

3. The topic has been approved for registration to Ph.D of Mr./Ms. _____
S/o Shri _____ by the Board of Studies in _____
_____ as under :

Resolution No. of BOS _____ dated _____

Topic : _____

Name of the Supervisor: _____

If the Supervisor has consented: _____

Dated : _____

Signature of DIRECTOR/PRINCIPAL/HOD
(Chairman, Board of Studies)

Asst. Registrar (Regn.)