



**APPLICATION FROM FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY (Ph. D.)**

Faculty of _____ (Ayurveda / Nursing)

(Fill up in Capital Letters)

Name of candidate as per Degree Certificate: _____

Father's Name: _____

Present Address: _____

Permanent Address: _____

Date of Birth: _____

Gender: _____

Nationality: _____

Religion: _____

Category: OPEN / SC / ST / SEBC / PH

Phone: _____

Mobile: _____

Email: _____

(WhatsApp)

Affix
your
passport size
photograph

1. Educational Qualification

Name of Exam.	Institute	University/ Board	Passing Year	Subject	Aggregate /Percentage/CGPA	Class Obtained
SSC						
HSC						
UG						

2. PG Programme details

Name of Degree	Institute	University	Duration	Passing Year	Marks obtained	Total Marks	Class Obtained	CGPA /Percentage



Particulars of Service (Starting from first appointment)

Designation	From	To	Institution / Organization

Name & Address of the Department/College/Other Place where the candidate intends to conduct research

Faculty & Specialization:

Category under which registration is sought : **FULL TIME / IN-SERVICE / EXTERNAL**

Discipline/ Subject in which registration is sought :

Signature of the Applicant

Attachments:

1. Final Mark sheets for SSC, HSC, UG, PG
2. School Leaving certificate
3. Caste certificate (If applicable)