



**Marwadi  
University**

**MARWADI UNIVERSITY**  
**Application form for Admission to**  
**Ph.D Programme**  
**(To be filled in by the candidate)**

Passport size  
Photograph  
attested by

**Department/Centre to which Ph.D. admission is sought:** \_\_\_\_\_

1. Name of candidate :  
(in block letter)
2. Father's name/Husband's name :
3. Mother's Name :
4. Permanent address :  
(in full)
5. Postal address :  
(for communication)
6. Mobile No. :
7. E-mail ID :
8. Date of birth :
9. Gender (Please tick v) : Male / Female
10. Category (SC/ST/OBC/SEBC/GEN) :
11. Whether Physically handicapped : Yes/No
12. Nationality :
13. Tick the category of candidature sought:  
Full time:  Part Time
14. Education (Qualification should be in chronological order)

Name of Examination	Year	School/College Board/University	% of marks/ Grade	Div./ Class	Subject/ Specialization	Result Awaited/Declared

**UNDERTAKING**

In response to the advertisement for admission to PhD Programme 2017-18. I \_\_\_\_\_  
S/o. , D/o. \_\_\_\_\_ PhD Application No. \_\_\_\_\_  
& Branch \_\_\_\_\_ is fully aware that my candidature is provisional/conditional  
subject to passing my pre-requisite as mentioned in the Detailed notification & Eligibility Criteria  
etc. dated \_\_\_\_\_ present of the website Incase, I fail to full fill the pre-requisite requirements  
etc., the University has the right to cancel my candidature at any point.

Place :  
Date :

Signature of the Candidate :  
Application No. :  
Branch :

15. If employed, details of employment:

From Date	To Date	Period	Position	Organization name & Address	Nature of Duties	Category

16. If employed, whether leave will be granted/ already granted: (No objection certificate from the employer to be enclosed)

17. Specialized training(if any) :

18. Scholarship/fellowship awarded for research (if any):

19. List of publications (if any, certified by H.O.D) :

**Declaration**

I \_\_\_\_\_ certify that the information given above are correct/true to the best of my knowledge. If anything is proved to be wrong my admission may be cancelled. If admitted I shall abide by the University rules and regulations

Date:

Place:

Signature of the candidate

Draft No \_\_\_\_\_ Date \_\_\_\_\_ for Rs \_\_\_\_\_ Drawn at \_\_\_\_\_

**For Office Use Only**

1. Verified by: Name \_\_\_\_\_ Signature \_\_\_\_\_

2. Designation \_\_\_\_\_

Date: \_\_\_\_\_

- Recommended/Not Recommended :

Chairperson, Selection Committee

**Additional Comments:**