APPLICATION FORM

APPLICATION NUMBER

VIGNAN UNIVERSITY
Foundation for Science, Technology & Research
(Estd u/s 3 of UGC Act of 1956)
Building young India

PHOTOGRAPH
Paste your recent passport size colour photograph not older than 3 months. Do not pin or staple

READ DETAILED INSTRUCTIONS GIVEN SEPARATELY BEFORE FILLING THE APPLICATION FORM

SIGNATURE OF APPLICANT

REASERCH PROGRAM

Ph.D

- NAME OF THE APPLICANT (AS IT APPEARS IN CLASS X OR EQUIVALENT MARKS CARD)

- DATE OF BIRTH (DATE / MONTH / YEAR)
- SEX (TICK) (MALE / FEMALE)
- DEPARTMENT

- RELIGION
- CATEGORY (TICK) (BC / SC / ST / PH / Others)

- NAME OF THE PARENT / GUARDIAN

- ADDRESS FOR CORRESPONDENCE
  DOOR / HOUSE No.

  STREET NAME

  LOCALITY / MANDAL

  TOWN / CITY

  DISTRICT
  STATE
  PIN CODE

  STD CODE
  TELEPHONE NUMBER
  MOBILE NUMBER

- EMAIL ID

REASERCH PROGRAM

Ph.D

ACADEMIC DETAILS

1. X Class

Year of Pass : Board :

State :

Marks : TOTAL MARKS | MARKS OBTAINED | % OF MARKS

2. 10+2 or equivalent

Group : MPC : BiPC :

Year of Pass : Board :

State :

Marks : TOTAL MARKS | MARKS OBTAINED | % OF MARKS

3. Graduation :

Year of Pass : College :

University :

Marks : TOTAL MARKS | MARKS OBTAINED | % OF MARKS

4. Post Graduation :

Year of Pass : College :

University :

Marks Details :

YEAR / SEMESTER	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS/OGPA	MONTH & YEAR
I SEM				
II SEM				
III SEM				
IV SEM				
TOTAL				

5. Publications :

(Mention the publication if you are the first or second author only) Attach separate sheet, if necessary.

S.No.	Title of the Paper / Book	Journal / Publisher	Year	Vol. & Pg. Nos. / Edition	Co-authors

6. Field of interest :

7. Brief description of the proposed work

(Attach separate sheet, if necessary).

8. Work Experience :

Organization	Designation	Type of work	From	To

DECLARATION : I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I have read and understood all provisions of the admission procedure and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational qualification, marks etc., I understand that my admission / degree is liable for cancellation. Further I understand that my admission is purely provisional subject to the fulfilment of the eligibility criteria.

SIGNATURE OF PARENT/ GUARDIAN

SIGNATURE OF APPLICANT

Place : .....

Date : .....

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