



AKAL UNIVERSITY

Talwandi Sabo, District: Bathinda-151302

Application Form for entrance test to admission to Ph.D. Programme 2024

For Office Use

Date of Receipt:

Reg No. :

Desire mode to pursue Ph.D. degree: Full time ☐ / Part time ☐

Name of Department: _____

1. Name (In Block Letters): _____

2. Father's Name: _____

3. Mother's Name: _____

4. Address: _____

Photograph

(a) For correspondence

(b) Permanent

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(c) Email: _____

(d) Mobile/Phone: _____

5. (a) Date of Birth : _____

(b) Marital Status: _____

(c) Nationality: _____

(d) Category: SC/ST/Physically Handicapped: _____

6. Details of Universities/Institutions attended (from 10th Standard onwards)

(Attested copies of mark sheets/ grade cards of each examination passed must be attached)

University/ Board	Degree obtained (with discipline)	Year	% Marks / CGPA / CPI	Class /Div. Obtained	Subjects taken

(Attach extra sheets, if required)

7. (a) Professional Examination passed (attested copy of certificate must be attached):

(I) GATE

(II) UGC/CSIR-NET

Subject	Score	Roll No.	Subject	Date of qualifying	Roll No.

8. (a) Professional Experience (Teaching/Research/Industrial), if any, (Certificate to be attached).

S. No	Name of organization	Position held	Type of work	Period	
				From	To
(i)					
(ii)					
(iii)					

(Attach extra sheets, if required)

(b) Particulars of Publication (if any):

S. No	Title of the Paper/ Book	Name of the Journal/ Publisher	Place and Year of Publication
(i)			
(ii)			
(iii)			
(iv)			

(Attach a list of publications/projects etc. separately)

9. (a) If employed, name of the present employer:

(b) Total period of service up to the date of application: _____

10. List of Enclosures*:

[illegible]

Declaration

I declare that the entries made in this application form are correct to the best of my knowledge and belief. If admitted, I undertake to abide by the rules and regulations of the University as exist and amended from time to time.

I note that the decision of the University is final with regard to selection for admission and assignment to a particular supervisor. The University shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if found that information furnished by me are false or incorrect. I shall abide by the decision of the University, which shall be final.

Place: _____

Date: _____

Signature of the applicant

***The following documents should be submitted with the form:**

1. Proof of payment of entrance test Fee.
2. Self-attested photocopies of DMCs of:
 - 10th
 - 10+2
 - Graduation
 - Post-Graduation
 - M.Phil. if any,
 - UGC/CSIR NET
 - GATE certificates
 - any other qualification.

Scanned copy of duly completed application form along with required documents may be sent to **adres@auts.ac.in**



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Talwandi Sabo, District: Bathinda-151302

Ph.D. Entrance Test 2024

ADMIT CARD

For office use only			
Center of Examination:		Roll No.:	
Application Form No.		Subject:	
		Subject Code:	

Candidate's Name: _____

Father's/Husband's Name: _____

Date of Birth: _____ Gender: _____

Category: _____

Mailing Address: _____

**Self-attested
Photograph**

Signature of the Candidate

Date of Exam	Paper	Timings
	I	
	II	

Note: Candidates without photograph and signature on the admit card will not be permitted to appear in the examination.

Controller of Examination