

AKAL UNIVERSITY

Talwandi Sabo, District: Bathinda-151302

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

| | For Offic | e ose | |
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| | Date of Receip | t: | |
| | Reg No. : | | |
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| Desire mode to pursue Ph.D. degree: Full time / F | Part time | | |
| Iame of Department: | | | |
| . Name (In Block Letters): | | | |
| . Father's Name: | Photograph | | |
| . Mother's Name: | | _ | |
| Address: | | | |
| (a) For correspondence | (b) Permanent | | |
| | Mobile/Phone: _ Marital Status: _ | | |
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| Details of Universities/Institutions attended (from 10t | | · | |
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(Attach extra sheets, if required)

| (I) GATE | | | | | (II) UGC/CSIR-NET | | | |
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| (b) Partic | ulars | s of Publicati | ion (if any): | | | | | |
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| (iii) | | | | | | | | |
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| (Attach a | list o | of publication | ns/projects | etc. s | separately) | | | |
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| 10. List c | of Enc | closures*: | | | | | | |
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7. (a) Professional Examination passed (attested copy of certificate must be attached):

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 Application Fee. (Rs.1000/-)
- 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**