

AKAL UNIVERSITY

Talwandi Sabo, District: Bathinda-151302

	F	or Office U	Jse
	Date o	of Receipt:	
	Reg N	0.:	
Desire mode to pursue Ph.D. degree: Full time // 1	Part tim	ne 🖳	
Name of Department:			
1. Name (In Block Letters):			
2. Father's Name:		Photograph	
3. Mother's Name:			
4. Address:			
(a) For correspondence	(b) Permane	nt
	Marita	dard onwar	ds)
attached)	Admina	don passec	i iiidst se
University/ Obtained (with Year / CGPA / Obtained CPI Obt	lass Div.	Subjects	s taken
discipline)			
discipline)			
discipline)			

(Attach extra sheets, if required)

attached			mination _]		l (attested cop	oy of cert	ificate must be
Subje	ct	Score	Roll 1	No.	Subject	Date of qualifyin	RAII NA
						quuiiyii	.5
8. (a) Probe attack		onal Experi	ence (Teacl	ning/F	Research/Indus	strial), if an	y, (Certificate to
S. No		lame of	Position 1	held	Type of work	From	Period To
(i)	org	anization				From	10
(ii)							
(iii)							
(Attach	extra	sheets, if re	quired)	ļ.		1	
(b) Partic	cular	s of Publicat	tion (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	a list	of publicatio	ns/project:	s etc. :	separately)		
9. (8	a)	If emp	loyed,	name	of the	prese	nt employer:
(b) Total	perio	od of service	up to the	date o	f application: _		
` ,	-	closures*:	•				

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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Ph.D. Entrance Test 2026

ADMIT CARD

For office	e use only	
Center of Examination:	Roll No.:	
Application Form No.	Subject:	
<u> </u>	Subject Code:	
Candidate's Name: Father's/Husband's Name: Gende Date of Birth: Gende Category: Mailing Address:	er:	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