



AKAL UNIVERSITY

Talwandi Sabo, District: Bathinda-151302

Application Form for entrance test to admission to Ph.D. Programme July 2026

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

(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)

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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 July 2026

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