

Occupation

PRESIDENCY UNIVERSITY

Ph.D. Program Aug- 2022

APPLICATION FORM for Ph.D. Admission

| Full Time Part Time (Internal)* Part Time (External) * Employees of <u>Presidency Group of Institutions</u> only Tick the appropriate box School of Engineering School of Management | | | Affix Passport Size Photograph | | |
|---|-------------------------|------------------|--------------------------------------|----------|--|
| ☐ School of Design | ☐ School of Comm | | i notograpi | | |
| ☐ School of Law | | | | | |
| Name of the Candidate (BLOCK LETTERS) | | | | : | |
| Gender | : 🗌 Male | E Ferr | nale 🗌 Tran | sgender | |
| Mobile Number (Candidate) | : | | | | |
| Primary email ID | : | | | | |
| Alternate Email ID | : | | | | |
| Date of Birth (DD/MM/YYYY) | : | | | | |
| Nationality | : | | | | |
| Branch / School | : | | | | |
| Tick the relevant Category : General SC ST OBC | | | | | |
| Summary of Proposed Resear | ch Work : 🗌 Enclo | sed | | | |
| Address for Communication | : | | | | |
| | | | | | |
| | | | | | |
| | <u>Parent / Guardia</u> | <u>n Details</u> | | | |
| | ather | Mother | | Guardian | |
| Name Mobile No Email ID. | | | | | |

Annual Income

| Local Address | | Permanent | Permanent Address | | |
|----------------|-------------------------|-----------|-------------------|--|--|
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| Area | | Area | | | |
| City | State | City | State | | |
| Country | PIN | Country | PIN | | |
| Tick if same a | as Address for Communic | cation | | | |

| Academic Record | | | | | | | |
|-----------------|---------------|-----------------------------|--------------------|---|---|---------------------------------|--|
| SI. No. | Board /Degree | Institution / University | Period of Study | Date of Completion / Award of Degree | Aggregate Percentage/CGPA (For CGPA mention Scale, eg. 7-point, 10-point, etc.) | Division / Class (if any) | |
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| SI. No | Other Academic Achievements (NET / JRF / Awards / Publications) | Year |
|--------|--|------|
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Experience Information (As Applicable)

| SI. No. | Organization | Designation | From (Date) | To (Date) | Experience (in Years) | Salary | |
|---------|--------------|-------------|----------------|--------------|--------------------------|--------|--|
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CHECKLIST OF DOCUMENTS

(Each two sets)

- 1. 10th or Equivalent Marks Card
- 2. All Marks Sheets / Grade Cards
- 3. Master's Degree Certificate
- 4. Proposed Research Summary (500 words)

| | <u>Non-</u> | refundable Application Fee | | |
|-----------------------|----------------------------------|---|--|--|
| Non-refundable | e Application Fee Rs. 10 | 00/- | | |
| Payment Mode | e : □ DD | Online Transfer | | |
| A Demand Draft (DD |) for Rs. 1000/- No: | drawn on | | |
| Bank, dated | in Favour of " <u>PR</u> | ESIDENCY UNIVERSITY" payable at Bangalore. | | |
| | | Or | | |
| | | NEFT Transfer to the Savings Bank A/c: | | |
| 11890100132860, IF | SC Code: FDRL000118 | 9, PRESIDENCY UNIVERSITY, Federal Bank, Gandhi | | |
| Nagar, Bangalore – | 560 009. | | | |
| | | ON BY THE CANDIDATE | | |
| I hereby declare | | me in this application form are true in all respects and if | | |
| | | false, this shall entail automatic cancellation of my | | |
| • • | | such actions as the University may deem appropriate. | | |
| | | | | |
| Place: | | | | |
| Date: | | Signature of Candidate | | |
| Last Date for Subm | itting the Completed A | Application is <u>16th July 2022.</u> | | |
| The Date of PhD Er | ntrance Test & Interview | w: <u>23rd July 2022</u> | | |
| Send the filled-in ap | plication forms to The Re | egistrar, Presidency University, Itgalpur, Rajanakunte, | | |
| Bangalore - 560 064 | | | | |
| Please write on top | of the envelope as, " App | lication Form for Ph.D. Admission – Aug 2022" | | |
| | | | | |
| FOR OFFICE USE ONLY | | | | |
| Date of receipt | of Application | Receipt No | | |
| | | | | |

| Documents Submitted | 1 | |
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| | 3. | |
| | 4. | |
| | 5. | |

| Application verified by | Date | Tes | t |
|--|----------|-------------|---|
| Score_Prescribed Fee_Selected / Not Selected | Decision | notified to |) |
| applicant on | | | |
| Fee Paid | | | |

Date_____ Place_____ -