



Tulsiramji Gaikwad-Patil College of Engineering and Technology, Nagpur

(An Autonomous Institute affiliated to RTMNU, Nagpur)

NBA Accredited (EE, ME Programs)

Mohgaon, Wardha Road, Nagpur - 441108, INDIA

APPLICATION FOR ADMISSION

Ph.D. Programme

Session – 202 -2

Application Form: Ph.D. Programme in: _____

Please go through guidelines before filling this form. Please affix your self-attested recent photograph

1. PERSONAL

FULL NAME														
FATHER'S NAME														
MOTHER'S NAME														
AGE		DOB		Date			Month			Year				
<input type="checkbox"/> Female		<input type="checkbox"/> Male		Category			<input type="checkbox"/> General		<input type="checkbox"/> OBC		<input type="checkbox"/> SC/ST/NT		<input type="checkbox"/> Others	
ARE YOU PHYSICAL DISABLED?				<input type="checkbox"/> No		<input type="checkbox"/> YES, if yes, Please specify								
PERMANENT ADDRESS						COMMUNICATION ADDRESS								

Phone 1				Ph. 2							
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E-mail	@
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2. Discipline of Study (i.e Science and Technology, Management)

3. Topic of Intended Ph.D. Study :

(ENCLOSE a research proposal of about 500 words (format attached); word processed, 12pt Times Roman line space 1.5, A-4 size paper)

4. Whether Qualified	<input type="checkbox"/> UGC NET	<input type="checkbox"/> GATE	<input type="checkbox"/> PET
If Qualified	Discipline:		Certificate No. & Date (enclose copy):
If Not Qualified (Appearing for TGPCET PET)	Payment Details :UTR No./DD No.:		Bank Name:

I affirm that all entries in application and the appended documents ARE TRUE IN ALL ASPECTS and that the STUDY PROPOSAL HAS BEEN PREPARED BY ME. I understand that any information/document if found to be false, shall automatically cancel my candidature and render me liable for such action as per the University/Institute norms.

5. ACADEMIC RECORD Please enclose self attested copies of Mark-Sheets & Degree Certificate.

CLASS10th	YEAR OF PASSING		INSTITUTION		<input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> STATE BOARD	
			Marks Obtained		% of marks	
			Maximum Total			
CLASS12th	<input type="checkbox"/> Science <input type="checkbox"/> Art <input type="checkbox"/> Commerce		INSTITUTION		<input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> STATE BOARD	
	YEAR OF PASSING		Marks Obtained		% of marks	
			Maximum Total			
BACHELOR'S (SPECIFY)	DISCIPLINE		INSTITUTION		UNIVERSITY	
	YEAR OF PASSING		Marks Obtained		% of marks	
			Maximum Total			
MASTER'S (SPECIFY)	DISCIPLINE		INSTITUTION		UNIVERSITY	
	YEAR OF PASSING		Marks Obtained		% of marks	
			Maximum Total			

6. RESEARCH / TEACHING EXPERIENCE (Attach Experience Certificates)

FROM	TO	ORGANISATION	POSITION	JOB DESCRIPTION

7. PUBLICATIONS if any (Use a separate sheet if necessary) Enclose Copies/Reprints

Title Paper	Journal	Vol. Month & Year	Co Author if any

CHECKLIST OF ENCLOSURES	
<input type="checkbox"/> i. Research Proposal	<input type="checkbox"/> Copies of Mark Sheets
<input type="checkbox"/> iii. Copies of Publications if any	<input type="checkbox"/> Exam Fee receipt of Rs. 500/- as applicable

Signature of Candidate

Date:

Office Remark/Signature