



Application for Ph.D (Entrance)

Course Applied For:

Doctor of Philosophy (Ph.D)

Semester Applied For:

Enrollment Number

Specialization

Exam Center

Session

Stick
your
photo
here

[Please fill the form using black/blue ball point pen only & in capital letter]

Name of the Applicant in English as in the Birth Certificate or Marks Sheet of SSC Exam :

Name of the Applicant in Hindi as in the Birth Certificate or Marks Sheet of SSC Exam :

Father's Name :

Mother's Name :

Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YEAR	

Sex :

1. Male
2. Female

Marital Status :

Community :

(SC/ST/OBC/GEN)

Religion :

Nationality :

Complete Address for Correspondences (Don't repeat name) (Use capital letters only)

Postal City :

State :

Pin Code :

Resi. Tel :
with code

Mobile :

E-mail :

2. ACADEMIC QUALIFICATION

Provide complete information on examination marks obtained in all columns. Marks stated in these columns must tally with those in the original mark sheets. Enclose photocopy of certificates. (Attested by gazetted officer)

Examination Passed	Name of the School / College	Name of the Board / University	Month & Year of Passing	Marks Obtained/ total marks	Percentage (Aggregate)
Std . 10 th					
Std . 12 th					
Graduate					
Post - Graduate					
Others					

3. FAMILY DETAILS :

Name	Relation	Service/ Self Employed Name of Organization	Phone	Designation

4. DECLARATION BY THE STUDENT

- I understand that the fees once paid will not be refunded.
- I hereby tender that I will regularly attend the classes and will maintain at least 80% attendance in my class.
- The eligibility documents submitted by me are true and genuine to the best of my knowledge and belief.
- During the course of study I will not be in any kind of regular job either in any Govt., semi Govt. or Pvt. Authority/Co.
- During the course of study I will not do any other regular course from any other University.
- I will not indulge in any sort of legal cases, whether criminal/Civil during the course of study.
- I will not involve in malpractice, misconduct, fraud in any manner during any tenure of study in the University.

I confirm that the information given on this form is true, complete and accurate and none of the information requested of other material information has been omitted. I accept if it is discovered that I have supplied false, inaccurate or misleading information, Capital University reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the Capital University and I shall have no claim against Capital University in relation thereto.

Place : _____

Date : _____

Signature of the Applicant

Payment Details

DD No.	DD Date	Name and Address of Bank	DD Amount

Reference Through: _____ Contact no: _____

Address : _____

(Office Use Only)

Course Name : Specialization: Year of joining :

Total Fees of the course : Scholarship: Permitted by: _____

Details of the fees Paid during admission :

	Fee Amount	Amount Paid	Date	Cash/Cheque/DD	Receipt No.	Examination Month/Yr
Form Fees:						
No. of Yr :						
1 Year:						
2 Year:						
3 Year:						
4 Year:						
Total Amount :						

Declaration By Student

I _____ son/daughter of _____ have read & hereby certify that the information given in the Application is complete and accurate to the best of my Knowledge.

I understand all the rules and regulations laid down by the University and agree that misrepresentation or omission of facts will justify the denial of entrance admission, cancellation of entrance or expulsion. The fees paid is non-refundable under this circumstance. In case i am not in position to join continue course even after submission of fees, i will not claim refund of fees. I am not entitle to pursue Ph.D from any other Educational University / Institute / College / Group while enrolling with this University.

Signature: _____

Dates: _____