



*S. P. Mandali's*  
**Ruia Ramnarain Ruia Autonomous College**

**Application form for Admission to Ph D Programme**

Form no....

(To be filled in by the candidate)

<p><b>APPLICATION FOR:</b></p> <p>Semester: First Half / Second Half, Month: ..... Year: 20</p> <p>PAYMENT RECEIVED: Rs. _____</p> <p>Department/Centre to which Ph.D. admission is sought:</p> <p>_____</p>
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<p>AFFIX PHOTOGRAPH          – PASSPORT SIZE          with signature across on          the lower edge</p>
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**1. Name of candidate (in block letter):**

**2. Father's name/Husband's name :**

**3. Permanent address (in full) :**

**4. Postal address (for communication) :**

**5. Date of birth:**

**6. Nationality:**

**7. Whether belongs to SC/ST/OBC/DT/NT/Others:**

**8. Gender (Please tick ✓) : Male / Female/ Transgender**

**9. Educational qualification HSC onwards (submit attested copies of all testimonials):**

Name of Examination	Year School/College Board/College	% of marks/ Grade points	Div./ Class	Subject/ Specialization

**10. Teaching/ Research experience: (Mention level of teaching- UG/PG/College/Institute/ Courses taught/ Area of research, If applicable**

<b>Institution</b>	<b>Classes Taught/ Area of research</b>	<b>Subjects Taught/ Topic of research</b>	<b>Years of Experience</b>

**11. Tick the category of candidature sought:**

- **Full time:**
- **Sponsored:**
- **Part Time:**
- **Project:**

**12. Seminar /workshop/conference attended after post graduation: (Separate list must be enclosed)**

**13. If employed, details of employment:**

<b>Organisation</b>	<b>Duration</b>	<b>Position: Regular/temp</b>	<b>Nature of duties</b>

**14. If employed, whether leave will be granted/ already granted:**

**(No objection certificate from the employer to be enclosed)**

**15. Specialized training(if any) :**

**16. Scholarship/fellowship awarded for research (if any):**

**17. Qualified for NET/GATE or similar with year ( Enclose Certificate) :**

**18. List of publications (if any, attach a separate list) :**

**19. Extra-curricular activities (Attach certificates):**

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**Declaration**

I, \_\_\_\_\_ certify that the information given above are correct/true to the best of my knowledge. If anything is proved to be wrong my admission may be cancelled. If admitted I shall abide by the rules and regulations of the College Date:

**Place:**

**Signature of the candidate**

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**For Office Use Only**

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**1. Verified by:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Designation \_\_\_\_\_ Date: \_\_\_\_\_**

**2. Recommended / Not Recommended:**

**Signature of Chairperson**

**Selection Committee:**

**Date:**