

Application No.
(for office use only)



**KAZIRANGA
UNIVERSITY**
KNOWLEDGE & BEYOND

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PhD Application Form

School in which Admission sought	Proposed Research Area
<input type="checkbox"/> School of Engineering & Technology	1.
<input type="checkbox"/> School of Business	2.
<input type="checkbox"/> School of Basic Sciences	3.
<input type="checkbox"/> School of Health Sciences	
<input type="checkbox"/> School of Social Sciences	
<input type="checkbox"/> School of Computing Sciences	
<input type="checkbox"/> School of Pharmacy	

Personal Details (All fields are Mandatory)

Name: Category: General SC ST OBC Others

Date of Birth: Marital Status: Single Married

Nationality: Gender: Male Female

Correspondence Address (All fields are Mandatory)	Permanent Address (All fields are Mandatory)
Address:	Address:
Town/City:	Town/City:
District: State:	District: State:
Pin: Country:.....	Pin: Country:.....
Mother's Name:	Candidate's Contact No.:
Father's Name:	E-mail:

Educational Qualification Details (All fields are Mandatory)

Qualification	School/College/ Institution/University	Subjects/Discipline/ Specialization	Year of Passing	Division/Class	Percentage/CGPA/ Equivalent
Class X					
Class XII					
BTech/BSc/BA/BCom BPharm/Equivalent					
MTech/MSc/MA/MCom MPharm/Equivalent					
MPhil					



Performance in GATE/GPAT

Discipline	Year of Examination	Score	Percentile	All India Rank	Validity

Performance in NET

Discipline: _____ Year of Examination: _____ Validity: _____

Experience, if any, of Service and or Research including Present Position Held

Name and address of employer	Designation	From	To	Nature of Work	Salary Drawn (in INR)

Number of publications in referred Journals (if any):
(Attach in a separate sheet in the format for Publications)

Sl No:	Title	Name of the Journal/Conference/Published Book	Year
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What brought you to The Assam Kaziranga University?

Hoardings TV Ads Newspaper/Magazine Social Media Website Friends (Name):

Recommendation by Students (Name): Others (Please Specify):

Declaration

I declare that I shall abide by the rules and regulations of The Assam Kaziranga University which will be in force from time to time. I submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several bodies in The Assam Kaziranga University who may be vested with the authority to exercise discipline under the Act, the Statute, the Ordinance and the rules that have been framed thereunder by the University.

I, hereby, declare that I have carefully read and understood the instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date: _____

Signature of the Applicant _____

Application Fee Details

Bank DD No./Cash Memo No. Date: for Rs. 2,000.00

Name of the Bank:

Internet Banking Transaction ID/UPI payment Transaction ID

