Application No. (for office use only)



Affix Passport Size Photo Here

PhD Application Form

School in which Admission sought School of Engineering & Technology School of Business School of Business School of Basic Sciences School of Social Sciences School of Social Sciences School of Computing Sciences School of Pharmacy Personal Details (All fields are Mandatory) Name: Category: General SC ST OBC Others Marital Status: Single Married Nationality: Gender: Male Female Correspondence Address (All fields are Mandatory) Address: Address: Town/City: District: State: District: State: District: State: Pin: Country: Mother's Name: E-mail: Educational Qualification Details (All fields are Mandatory) School/College/ School of Social Sciences 2. Category: General SC ST OBC Others Marital Status: Single Married Gender: Male Female Cardiess: State: State													
School of Business School of Basic Sciences School of Health Sciences School of Social Sciences School of Computing Sciences School of Pharmacy School of Pharmacy	School in whic	h Admission sought		Proposed Research Area									
School of Health Sciences School of Social Sciences School of Computing Sciences School of Pharmacy Personal Details (All fields are Mandatory) Name:	School of Business				1.								
School of Computing Sciences School of Pharmacy School of Pharmacy					2.								
School of Pharmacy					3.								
Name:													
Name:	Personal Details (All fields are Mandatory)												
Date of Birth:													
Nationality: Gender:MaleFemale													
Correspondence Address (All fields are Mandatory) Address: Address: Address: Town/City: Town/City: District: State: District: State: Pin: Country: Pin: Country: Father's Name: E-mail: Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/													
Address: Address: Town/City: Town/City: District: State: District: State: State: Ocuntry: Country: Pin: Country: Candidate's Contact No.: E-mail: Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	Tradionality:			Goridor.		Ji omalo							
Town/City: Town/City: State: District: State: District: State: Country: Country: Country: Father's Name: E-mail: Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	Correspondence	e Address (All fields are	Mandatory)	Perma	nent Addre	ess (All fields ar	re Mandatory)						
District: State: District: State: State: Pin: Country: Pin: Country: Country: Pin: Country: Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	Address:			Address:									
Pin:	Town/City:			Town/City:									
Mother's Name: Candidate's Contact No.: Father's Name: E-mail: Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	District: State:				District: State:								
Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	Pin: Country: Pin: Country:												
Educational Qualification Details (All fields are Mandatory) Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	Mother's Name: Candidate's Contact No.:												
Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/	Father's Name: E-mail:												
Qualification School/College/ Subjects/Discipline/ Year of Division/Class Percentage/CGPA/													
					The state of the s								
institution of inversity openialization i assing Equivalent	Qualification	School/College/ Institution/University	Subjects/Discipline/ Specialization		Year of Passing	Division/Class	Percentage/CGPA/ Equivalent						
Class X	Class X												
Class XII	Class XII												
	BTech/BSc/BA/BCom BPharm/Equivalent												
MTech/MSc/MA/MCom MPharm/Equivalent													
MPhil	MPhil												



Performance in GATE/GPAT											
Discipline	Year of Examination		Score Percentile			All India Rank Validity					
Performance in NET											
Discipline:		Year of	of Examination:			Validity:					
Experience, if any, of Service and or Research including Present Position Held											
Name and addr	ess of employer	Designation	From	То	Nature o	f Work	Salary D	rawn (in INR)			
f	1 2										
Number of publications in referred Journals (if any):											
	SI No: Tit	le Name of the	Journal/Con	ference/Pu	blished Book	Year					
What brought you to The Assam Kaziranga University?											
Hoardings TV Ads Newspaper/Magazine Social Media Website Friends (Name):											
Recommendation by Students (Name):											
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										
				Г	Date:		for	Rs. 2 000 00			
Bank DD No./Cash Memo No											
Zastantary resultante en control dan prima de la control estante e											
Internet Banking Transaction ID/UPI payment Transaction ID											

