***For office use only***

*Roll no allotted:*

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

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Fix a

Self-Attested Passport size Photograph

**National Institute of Technology Meghalaya**

**(*To be filled in by the candidate)***

**Session: Autumn/Spring 202\_**

# Institute Fee receipt No: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ for Rs.\_\_\_\_\_\_\_\_

# Hostel Fee receipt No(not applicable for Part Time): \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ for Rs.\_\_\_\_\_\_\_\_

Department/Centre to which Ph.D. admission is sought: CE/CS/EC/EE/ME/PH/CY/MA/HS

Tick the category of candidature sought: Full time/ Sponsored/ Part Time

|  |  |
| --- | --- |
| * + 1. Name of candidate

(in block letter) | : |
| 1. Father's name/Mother's name
 | : |
| 1. Total Family Income
 | : |
| 1. Permanent address(in full)
 | :::: |
| 1. Present Postal Address

(in block letters) Phone(Landline) Phone(Mobile) E-mail Id  |  : ::::: |
| 1. Date of birth
 | : |
| 1. Nationality
 | : |
| 1. Category(Please tick √)
 | : SC/ ST/ OBC/ GEN/ SC-PWD/ ST-PWD/ OBC-PWD/ GEN-PWD/ EWS |
| 1. Gender (Please tick √)
 | : Male / Female |
| 1. **Minority:** Yes/No
 | **BPL:** Yes/No (if yes, BPL certificate to be submitted) |
| 1. Married/Unmarried:
 |
| 1. Educational qualification HSLC onwards(enclose self-attested copies of all testimonials):
 |
| **Name of Examination** | **Year** | **Board/University** | **Marks % / CGPA** | **Division/ Class** | **Subject(s)/ Specialization** |
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1. **Proposed Co-supervisor (Compulsory for Sponsored Part Time):**
2. If employed, details of employment:

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| --- | --- | --- | --- | --- |
| **Organization** | **Position**  | **Regular/ Temp** | **From (date to (date)** | **Duration in months** |
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1. If employed, whether leave will be granted/ already granted:

 (No objection certificate from the employer to be enclosed)

1. If qualified in NET/GATE/any other, Please Specify:
* Test/ Exam:\_\_\_\_\_\_\_\_\_ Score/ Percentile:\_\_\_\_\_ Year: \_\_\_\_\_ (Enclose Certificate)
* Test/ Exam:\_\_\_\_\_\_\_\_\_ Score/ Percentile:\_\_\_\_\_ Year: \_\_\_\_\_ (Enclose Certificate)

***Declaration***

 I, ………………………………………., hereby certify that the information given above are correct/true to the best of my knowledge. If anything proves to be incorrect or if at any point of time it is found that I do not meet with the criteria of the admission, then my admission/selection may be cancelled. If admitted I shall abide by the Institute rules and regulations.

Date:

Place: Signature of the candidate

# For Office Use Only

Verified by: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_