



Application Form for  
**Special PhD Admission Programme Only Under CSIR/UGC/DST-Inspire JRF Scheme**  
for **Department of Physics**

Department :

- 1. Applicant's Name : \_\_\_\_\_
- 2. Father/Guardian's Name : \_\_\_\_\_
- 3. Date of Birth : \_\_\_\_\_ 4. Gender: \_\_\_\_\_ 5. Marital status: \_\_\_\_\_
- 6. Nationality : \_\_\_\_\_ 7. Caste category: \_\_\_\_\_ 8. PwD status: Yes/No
- 9. EWS category : Yes/No

**PHOTOGRAPH**  
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10. Address for Communication:	11. Permanent Address :
Pin Code: Phone No: Mobile No: Email:	Pin Code: Phone No: Mobile No: Email:

12. Areas of interest:				
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13. Details of academic qualification (Class X and above)

Sl. No	Exam. Name	Board/University	Status(Pass/Fail)	Year of passing	% /CGPA /CPI	Subjects taken

14. Details of Professional Qualifying Examination Passed (CSIR/UGC/DST-Inspire JRF only)

Exam. date	Exam. Qualifying date	Certificate validity date up to	Subject

15. Professional Experience (Teaching/ Research / Industrial) if any: *(Please use separate sheets, if necessary)*

Sl. No	Name of Organization	Position held	Type of work	Starting date	Ending date

16. List of publications:

Sl. No	Title of paper	Name of author	Journal Name	Volume	Year of publication

17. (a) Name of faculty under whose mentorship the candidate proposes to pursue Ph.D. programme (**only one mentor**).

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(b) Endorsement by the proposed mentor *(E-mail consent is sufficient)*

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19. List of attachments with the form *(Soft copy of each enclosure is to be sent)*:

- i).....
- ii).....
- iii).....
- iv).....
- v).....

## DECLARATION

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and regulations of the Institute.

I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular Department and field of study. The Institute shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if it is found that any information furnished by me is incorrect.

Place :

Date :

Signature of Applicant