

ভট্টদেৱ বিশ্ববিদ্যালয়, বজালী

BHATTADEV UNIVERSITY BAJALI, Pathsala-781325, Assam

Application for Admission into Ph. D. Programme

	Department under the Faculty of
	Session
1.	Category of Applicant: Full Time
2.	Applicant's name in full (in CAPITAL LETTERS)
3.	Father's Name.
4.	Mother's Name
5.	Spouse's name for married person.
6.	Permanent address:
7.	Correspondence Address: (if same as 5, tick here)
0	
	Contact Number
	E-mail Id.
10.	Date of Birth (dd/mm/yyyy)
	(Attach self-attested photocopy of birth certificate/HSLC admit/certificate)
	Nationality
	Religion
13.	Aadhar No(if not, EPIC)
	(Attach self attested-photocopy)
14.	Community: SC/ST(P)/ST(H)/OBC/MOBC/GENERAL (Tick which one is applicable)
	(If you want to avail the benefit, attach self-attested photocopy of certificate from competent authority)
15.	Are you Differently-Abled? Yes / No (Tick which one applicable)
	(If you want to avail the benefit, attach self- attested photocopy of certificate from competent authority)
16	Gender: Male / Female / Transgender (Tick which one is applicable)

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Examination Passed	nformation (Attach self- Board/Council/ University	Year of Passing	Percentage of Marks/CGPA/ equivalent	Division/ Class	Subjects taker
HSLC or equivalent					
HS or equivalent					
Bachelor's Degree Master's Degree					
NET/ GATE/ SLET/ Other	Discipline/Year of Examination/Score/Rank				
20. Academic dis	stinction/medals/prizes/so	cholarships, if	any		
•	attested photocopies of ce		Tick which one a	oplicable)	
	h their photocopies)	hich one ann	licable)		
22. Are you empl	loyed: Yes / No (Tick w etails				
22. Are you employed figures, give do 23. Experience (7)	etails Feaching/Research/Any or ganisation, Designation,	other)			
22. Are you employed figures, give do 23. Experience (7)	etails Teaching/Research/Any	other)			

Unde	ertaking/Declaration			
I,, hereby declare that the information furnished above is t				
	and belief and if any of them is found incorrect, I shall			
liable to disciplinary action to be taken by the	ne University.			
Full Signature of Parent/Guardian	Full signature of the applican			
Date				
Place				
P	Payment Details			
Admission Fee				
SBI Collect Reference Number	Date:			
In favour of:				
For Office Use Only				
Application No:	Date of receipt			
Discipline as indicated in Master's Degree Cert	ificate			
If selected provisionally,				
1. Unreserved (UR):				
2. Reserved Quota:				
If rejected, reason:				
Signature of HoD	Signature of Academic Registrar			