## BOARD OF RESEARCH STUDIES (FACULTY OF SCIENCE) UNIVERSITY OF DELHI

APPLICATION FORM FOR ADMISSION TO Ph.D. COURSE IN THE DEPARTMENT

			OF			_	
The Chairman, (Board of Research Studies) Faculty of Science, University of Delhi, Delhi-110007.							Photograph
Sir/Madam	ı <b>,</b>						
I h in the Facu	ereby apply for a	admissio	n as a resea	irch student	for the Ph.D. De	gree of the	: University of Delhi
I certify that the statements made below in columns 1 to 17 are true to the best of my knowledge and belief.							
						Since	erely yours
					.,	Signature	e of Candidate
Date :					Мо	bile No	
l Name	e (in block Letter	s) Mr./M	ſs				
2. Prese	Present Address						
3. Date	of Birth						
4 Natio	Nationality						
	Name of Father or Guardian						
	Guardian's relationship with the applicant						
	Name, Address (along with Tel. No. and E-mail address) and Occupation of Father/Guardian						
Name and Address of Mother (along with Tel. No. and E-mail Address)							
							••••••
0. Perma	nent Home Addr	·ess			•••••••••••••••••••••••••••••••••••••••	***************************************	
1. Catego							
2. Educati Examir	ional Institutions nation.	attended	l and exam	inations pass	sed starting with	n Secondar	y/Senior Secondary
Name of Board/ University, etc.	Examination passed	Year	Roll No.	Marks Obtained	Maximum marks	% age	Subjects offered and passed at the Exam.
	a a						

NOTE		of birth must be attached with the app	or Secondary Examination/SSC Examination/Degree this secondary Examinations and Certificates showing the date lication.					
13.	Nature o	of Fellowship : NET/Non-Net/Others (S	pecify)					
	Propose	ed Title of Research OCK LETTES)						
15.	5. If M.Phil, whether course work completed/not completed?							
16.	the wo	Is the candidate employed in any institution? Give the name of Institution, designation and nature of the work and date of appointment of the substantive post:						
17.	If en empl of jo	If employed, a Certificate to be provided by the Head of the Institution in which the candidate is employed that he/she would be sanctioned a leave for a period of minimum two years from the date of joining.						
	I/we	, hereby, agree to guide the applicant if h	e/she is admitted to the Ph.D. programme.					
( ·	lame and with add	designation of Supervisor/s ress indicating Deptt.)	2					
		/Please give						
No. of scholars already registered (Please give			1					
	Names a	and date of registration)	2					
			3					
			4					
	Names	of members of the Advisory Committee	5					
1			6					
2			7					
			8					
			1					
	Signat	ture of the Supervisor						
			•					
	Signa	dure of Jt./CoSupervisor (if any)						