



Dr. Bhimrao Ambedkar University, Agra

College/Institute/Department Ph.D. Admission Form

Centre Name & Address:.....

Subject:..... Session:.....

Faculty:.....

1. Name of Candidate:.....

2. Father's Name:.....

3. Mother's Name:.....

4. Date of Birth:..... Gender (M/F):.....

5. Category (Gen/OBC/SC/ST):..... Nationality:.....

6. Physically Handicapped (Yes/No):.....

7. Resident Phone No:..... E-Mail:.....

8. Candidate Mobile No:..... Alternate Mobile No:.....

9. Permanent Address:.....

10. Corresponding Address:.....

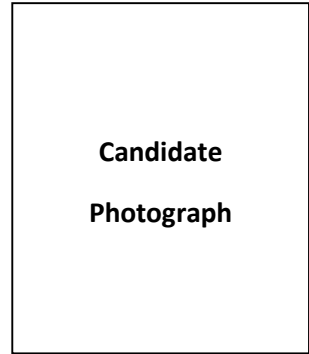
11. Local Guardian Address (if any):.....

12. Details of Educational Qualification:

Examination	Year of passing	Board/University	Max. Marks	Marks Obtained	Percentage of Marks	Subjects
High School						
Intermediate						
Graduation						
Post-Graduation						
Any other						

13. Details of Pre-Ph.D. Course Work Examination:

Examination	Year of passing	Subject	Max. Marks	Marks Obtained	Percentage of Marks	Roll No. Enrollment No
Pre-Ph.D. Course Work						



14. Served/Serving in:..... From..... to

15. Extra-curricular activities:.....

16. Are you convicted in any criminal offense (Yes/No):.....

17. If any criminal case is pending against you, give full details:.....

18. Declaration by Candidate:

I hereby, solemnly affirm that

(a) I shall strictly abide by the rules and regulations of the Department/University and also of the student’s conduct and discipline rules of the Department/University as enforced from time to time.

(b) If discovered even after my admission that I have made a fake or an incorrect statement or concealed any fact or used any fraudulent means, I shall be liable for disciplinary action and cancellation of my admission without any prior information and I shall abide by such action taken by the Department/University against me.

Date:

Signature of Candidate

FOR OFFICE USE

Fees Details

Bank Name:

Draft No.:

Draft Amount:

Date:

.....
Signature of Scrutiny In charge

Admission Granted/ provisionally admitted

Date:
Signature of HOD (Seal)

Date:
Signature of Director/Principal
(Seal)

Check List	
High School Marksheet/Certificate	<input type="checkbox"/>
Intermediate Marksheet/Certificate	<input type="checkbox"/>
Graduation Marksheet/Degree	<input type="checkbox"/>
Post-Graduation Marksheet/Degree	<input type="checkbox"/>
Pre-Ph.D. Course-work Marksheet	<input type="checkbox"/>
Caste Certificate	<input type="checkbox"/>
Character Certificate	<input type="checkbox"/>
Income Certificate	<input type="checkbox"/>
Identity Proof	<input type="checkbox"/>
Address Proof	<input type="checkbox"/>