

PADMASHREE DR.D.Y.PATIL UNIVERSITY

(Established under section 3 of the UGC Act, 1956 vide notification no. F.9.21/2000-U.3 dated 20.06.2002 of the Govt. of India)

Accredited by NAAC with CGPA of 3.35 on Four Point Scale at 'A' Grade
Founder Chancellor: Padmashree Dr. D.Y.Patil

Sector 15, Plot No. 50, C.B.D. Belapur, Navi Mumbai 400 614
TEL- 39286200 Tele Fax:- 39286199 http://www.dypatil.ac.in



Form 1

To,
The Registrar,
Pad. Dr. D.Y. Patil University,
Navi Mumbai

No. _____

Application For Admission to **DOCTORAL PROGRAMME**

Affix recent
passport size
photograph
signed by
you across it

Year _____

- N.B. : (1) Read the instructions carefully before filling this form.
(2) Put a tick (\checkmark) mark in the blank squares where applicable.

Respected Sir,

1) **Full Name in
Block Letters**

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(Surname) (First Name) (Father's / Husband's Name) (Mother's Name)

2-A) AGE:	Years	Months	Date of Birth	Date	Month	Year	Encl. No.

2-B) SEX:	1	Male	MARITAL	Married	Unmarried	Divorcee
	2	Female	STATUS:			

3-A) RELIGION : _____ NATIONALITY : _____

3-B) CONTACT ADDRESS: _____

PHONE & EMAIL: _____

3-C) MOTHER TOUNGE : _____

Specify if :	S.C.	S.T.	O.B.C.	D.N.T.	N.T.	GEN.	Encl.No.

4) STATE OF ORIGIN: _____ FACULTY : _____

EDUCATIONAL QUALIFICATIONS : (Mark “√” in appropriate Box)

<i>A. Undergraduate / Diploma</i> <i>Specify</i>	<i>Year of Passing</i>	<i>% of Marks</i>	<i>Class / Grade</i>	<i>Name of Board / University</i>
1. S.S.C./ S.S.L.C./ I.C.S.E.				
2. H.S.C. / Pre-University				
3. Intermediate				
4. Polytechnic				
5. Defense Service Diploma				

<i>B. Bachelor’s Degree</i>				
	<i>Year of Passing</i>	<i>% of Marks</i>	<i>Class / Grade</i>	<i>Name of Board / University</i>

<i>C. Master’s / Ph.D Degree</i>				
	<i>Year of Passing</i>	<i>% of Marks</i>	<i>Class / Grade</i>	<i>Name of Board / University</i>

Mention the Principle Subjects: _____

<i>D. Other Qualification</i>				
	<i>Year of Passing</i>	<i>% of Marks</i>	<i>Class / Grade</i>	<i>Name of Board / University</i>

6) WORK EXPERIENCE: (to date)

A. POSITION HELD:

Position	Name and Address of Organization	Length of Service (Year)		Designation and Nature of work	Total Monthly Emoluments (Rounded)
		From	To		
Present					
Previous Work Experience					

B. Total work experience to date : (as supervisory / executive only)

Years: _____ **Months :** _____

PROFESSIONAL ACHIEVEMENTS:

Please list below any prizes, medals, awards, honor, recognition etc., which you have received at any time in your academic or professional career:

Name of Award	Purpose of Award	Awarding Agency

Articles Papers, Books written and published:

Title of Publication	Periodical / Publisher's Name	Year and Month of Publication

Research Experience:

Title of Research Project	Sponsoring Agency	Year and Month

Thesis Idea: Please explain briefly the topic on which you propose to conduct research for the Ph.D. Degree programme and why you want to select this topic.

**Name and Address of your employer to whom reference may be made regarding your work experience.
(In Block Letters.)**

Name

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Designation

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Address

Pin

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Tel.

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Residence

Pin

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Tel.

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Declaration form:

I hereby declare that the information given in this application form is complete and true. If admitted, I agree to comply with the rules of the institute.

Place : _____

(Signature of Applicant)

Date : _____

For Office Use Only

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Receipt No.

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