



VIJAYANAGARA SRI KRISHNADEVARAYA UNIVERSITY

Jnanasagara campus, Vinayakanagara, Cantonment, Bellary.-583105

Application Form for Admission to Ph.D Programme

Faculty	
Applied Department	

Fee Payment Particulars

Bank Name	
Branch	
Chalan No/Demand Draft No.	
Amount and Date of Payment	

Affix your
recent
Photograph

PERSONAL DETAILS

1. **Name of the Candidate:** _____
(As in Degree certificate)

2. **Father Name** _____

3. **Mother Name:** _____

4. **Date of Birth:**

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5. **Gender** : _____

6. **Nationality** : _____

7. **Category** : _____

8. **Physically Challenged** : Yes/No

9. **371(J)** : Yes/No

10. Contact Details:

Address for Communication						Permanent Address					
Pin code						Pin code					
Email id:											
Mobile No:											

11. Present Occupation/Employment: _____

(Give Name and Address of the Employer, NOC from Employer to be attached):

12. Details of Academic Record (Starting from 10+2):

Degree	Subject	College/Institution/ University	Year of admission	Year of passing	% of marks/ CGPA	Class /Division

13. NET/JRF (UGC/CSIR)/KSET/SET/Etc Details: (Enclose result/award letter) :

Roll No.	Award Letter Reference No- With date	Subject	Maximum Marks	Marks Obtained	%	Qualified For (JRF/ Assistant Professor)

Application - A

14. Particulars of Publications:(Add Separate sheet if necessary)

Sl.No	Title of the Paper/Book	Name of the Journal/Publisher	Place and year of Publication

15. Details of Teaching Experience:(Attach as a separate sheet in the following format, if necessary): (Experience should be full time experience and will not include part time experience, internships and projects training period)

Organization	Position Held	Pay Band &Grade Pay	Total Experience	Period of Employment		Nature of Duty
				From	To	

16. Details of Professional experience, if any (Attach necessary Certificates) :

(i) The Institute where professional experience gained: _____

(ii) Period of professional experience: _____

17. Any other Achievements/Awards/Contribution: _____**Declaration:**

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true at any point of time, my candidature will be rejected/admission will be cancelled without assigning any reasons thereof.

Place:

Dated:

Signature of the Applicant

Please send the completed application form to the respective Department Heads with "Application for PhD Admission in the department" written on the envelop.

To

The Chairman,
Department of _____
Vijayanagara Sri Krishnadevaraya University,
Vinayaka Nagar, Cantonment, Ballari -583105, Karnataka