



NATIONAL INSTITUTE OF TECHNOLOGY GOA
(An Institute of National Importance Under MHRD, Govt. of India)

Application Form for the Admission to PhD Programme
Odd Semester (2016-2017)

1. **Application No:**
(To be filled by Office) _____
2. **Department Applied for:** _____
3. **Full-Time Ph.D Programme :** a) Institute Fellowship /Visvesvaraya scheme/
SMDP-Visvesvaraya scheme
4. **Broad areas of specialization, the candidate intends to work in the Ph.D. Programme:**
a) _____
b) _____
c) _____
5. **GATE/CSIR/UGC-NET/ or any other equivalent examination :**
a) Qualifying Year : _____ b) Exam Reg. No : _____
c) Score : _____ d) All India Rank: _____
e) Paper with Code : _____
6. **Name :**
(As in 10th Standard Grade Card) _____
7. **Father's Name :** _____
8. **Gender :** Male : Female :
9. **Date of Birth :**
(DD/MM/YYYY) _____
10. **Category :** Gen: OBC : SC : ST:
(Attach the relevant document)
11. **Physically Handicapped:** Yes : No :
12. **Marital Status:** Single : Married:

Paste a self-attested recent passport size colour photograph

13. Contact details:

Address for correspondence	Permanent Address
State : _____	State : _____
Pin Code: _____	Pin Code: _____

Mobile Number : _____ Phone Number : _____

Email ID: _____ Alternative Email ID : _____

14. Educational Qualifications: (In reverse chronological order starting from qualifying exam till 10th Class)[Attach the attested copies of the relevant certificates with Marks cards]

Degree/Examination Passed	Specialization	University/Institution	Year of Passing	% of Marks or CGPA	Class/Division

15. Work Experience: Teaching : ____ Years ____ Months Industry : ____ Years ____ Months [Attach the attested copies of the relevant experience certificates](If required,use additional sheet)

Organization	Designation	From	To

16. List of Publications (if any) [Attach separate sheets if required]

- a)
- b)
- c)

17. Any other Achievements/Awards/ Any other relevant information etc., [Attach separate sheets, if required]

18. Contact Details of two referees:

	Referee I	Referee II
Name :		
Designation :		
Organization:		
Office Address :		
Office Phone Number:		
Mobile Number :		
Email ID:		

19. List of Enclosures:

- 1.
- 2.
- 3.
- 4.

20. Payment details : DD No:
Bank:
Date:
Amount:

21. Declaration :

I do hereby solemnly declare that the information given above is correct to the best of my knowledge and belief. I am fully aware that I must produce the original certificates corresponding to the submitted attested copies of my qualifying degree certificates / final transcripts or any of the documents submitted, failing which, my candidature will stand canceled. I am also aware that providing incorrect information in the application form and violation of norms of the Institute can result in the cancellation of my admission at any stage.

Place:

Signature of the candidate with date