DRAVIDIAN UNIVERSITY

Application No.

Srinivasavanam, Kuppam- 517 426

Admissions into M.Phil / Ph. D for 2019 -20

Affix self-attested recent passport size photo

APPLICATION FORM

Instructions

* Use only black/blue ink ball point pen to fill the form.
* Leave one box blank between surname and name.
* Write/Tick (in the boxes as applicable).

COURSE APPLIED FOR

M.Phil		Ph.D	
Full - Time	Part - Time	Full - Time	Part - Time

Department _____ **Subject** _____

Eligibility: UGC-JRF/NET, CSIR-JRF/NET, DST-INSPIRE/Through ICCR (Please Tick as applicable)

1. Name of the Candidate (write in CAPITAL LETTERS only)

2. Name of Father/Mother/ Guardian (write in CAPITAL LETTERS only)

3. Date of Birth : ____ ____ ____ ____ ____ ____ ____ ____
(Attach copy of SSC Certificate)

4. Address for Communication : _____

_____

_____

_____ **PIN** _____

5. Phone **:Res:** _____ **(with STD Code)**

: Cell No: _____ **E-Mail ID:** _____

6. Category

i)

SC	ST	BC					Others
		A	B	C	D	E	

ii) Sub-Caste: _____

7. Gender :

Male	Female

8. Special Category :

NCC	NSS	Sports/ Games	CAP	PH	Cultural Activities

9. Residential Status :

Local	Non-Local (Other than A.P.)

(P.T.O)

10. Qualifying Examination : _____

Max. Marks:		**Marks Obtained :**		**% of Marks :**	

11. Institution and University from which the qualifying examination is passed : _____

12. Occupation and annual Income of the parent : _____ **Rs.**

13. If Employed, give details :

a) Designation :

b) Name and Address of the organization / institution :

c) Service experience :

14. Declaration

I hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct. In case, any information in this application is found to be false or incorrect at any time during (during or after completion of the course), this shall entail automatic cancellation of my admission, if granted, cancellation of the degree if awarded, besides rendering me liable to such action as the University may deem fit. In the event of any medical or other emergency, my Parents or Guardian may be contacted.

Place : _____

Signature of the Candidate

Date : _____

Last date for submission of Applications : 29-07-2019

18. Particulars of Demand Draft towards Application fees:

i) DD No. _____ ii) D.D Date: _____ ii) Amount: Rs. _____

iii) Name of the Bank & Branch _____

Filled in application has to be submitted to:
The Dean, Academic Affairs,
Dravidian University, Kuppam
PIN Code - 517 426

For Office Use
D.D Verified & Detached by

Signature Date