National Institute of Technology, Uttarakhand



Application Form for Admission to Ph.D. Programme

(Particulars to be filled by the Candidate only)

Note: Proof of Payment with the same transaction id and date should be enclosed with the application form. 1. Admission for the year: Even Semester -2023. 2. Registration No: (For office use only) 3. Department / Subject in which Admission being applied for: (Please choose one with a tick) Civil Engineering Computer Science and Engineering Electronics Engineering Electrical Engineering Mathematics	here
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Civil Engineering Computer Science and Engineering Electronics Engineering Electrical Engineering Mathematics	
Electronics Engineering Electrical Engineering Mechanical Engineering Mathematics	
Electronics Engineering Electrical Engineering Mechanical Engineering Mathematics	
Mechanical Engineering Mathematics	
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Physics	
4. Area of specialization of the student in Master Degree:	
5. Broad Area in which the candidate intends to work in the Ph.D. Programme.	
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2.	
6. Full name in Capital Letters: (as mentioned in the qualifying degree certificate)– (keep	
one block blank between two words)	
7. Date of Birth:(as per matriculation or equivalent certificate): (Original	
certificate should be produced at the time of interview) (DD MM	YYYY)
8. a) Category (Gen./ Gen-EWS/OBC-NCL/SC/ST):b) Physical Disabled (Yes /	/ No):
c) Marital Status (Single / Married):	

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(a) Address for Co	rrespondence/Preser	nt Address:	(b) Pern	nanent Addr	ess:	
City:	Pin Code		City:		Pin Code	
State:			State:			
Telephone Number (with STD Code)		Mobile N			E-mail Addre	ess(s)
(With STD Code)						
* Are you JRF Qualifyes, then type Year of qualifying 12. Wish to pursue Full-Time (Spo	e of JRF: ng JRF: Ph.D. under (Pleansored) Scholar's Cate	es No	ne (Institut		d) Part	-Time
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SRS (Sponsored	d Research Scholar):	: Spo	onsored by	:		
3. Details of Educ	cational Qualification	from Matriculatio	n onwards			
(Original certificate	s should be produce	d at the time of in	terview)			
Degree obtained	Specializatio	Name on Univers	sity /	Year of Passing	% of Marks	Class / Division

Degree obtained	Specialization	Name of University / Institute	Year of Passing	% of Marks / CGPA	Class / Division

Name of Examination	Year Passii		Validity Period	Number of candidates appeared	Marks obtained	AIR Ran	k Score Percentile
Details of Profes	ssional W	ork / Re	esearch Experi	ence (in years & m	onths):	Years	Months
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Details of the Ba Name of the University / Institute of Publication	then chelors a the stitute ons*,if an	deta	ster's Thesis (/ear of submis	as applicable).	Name of the Supervisor	ler of giving	Title

19. Any other (Attach a	relevant info separate she						
			referees may be co	ntacted telephonic	ally or through	e-mail to	o comment
on your aca	ademic or pro	ofessional cap	abilities) Refer	<u> </u>		Referee	2
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Designation							
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Date:				Signa	ture of applica	ant:	
Place:				Name	e of the applic	cant:	
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	Sr.		Details of docum	ent	Attach	ed	
	No.				(Yes/N	lo)	

Statement of Purpose (Attach separate sheet for details, if required)

Statement of Purpose (SoP) is an opportunity for the applicant seeking admission to the Ph.D. Programme at NIT Uttarakhand, to share your thoughts with the Admissions Committee about why you want to pursue Ph.D. studies. While writing the SoP, Please describe briefly about the last project / research work done by you. The personal SoP will aid the Admission Committee in evaluating your application.

Place:	Signature of applicant:
Date:	Name of the applicant:

NO OBJECTION-CUM-SERVICECERTIFICATE*

(CERTIFICATE TO BE SIGNED BY THE COMPETENT AUTHORITY/ HEAD OF THE INSTITUTE, IF COMPETENT)

to the Ph.D. program, as a part-time scholar, being made with my consent and permission	
	basis. I also certify that the post on
which he/she is working in the Institute/Depar	tment is a Teaching/Non-Teaching post.
Mr./Ms	shall be relieved for the
period required to be spent at NIT Uttara (including course work, if any).	akhand to complete his/her Ph.D. requirements
	nit him/ her to devote sufficient time for research.
*For self-sponsored research candidate and particles Autonomous Organizations.	persons working in Central Govt./State Govt./PSU/
Place	Signature of the Competent Authority/Head of the Institute, if competent.
Dated	Name
	Seal: