

FACULTY OF
(ARTS/SCIENCE/ENGINEERING/MANAGEMENT/LAW/MEDICAL
/NURSING/COMMERCE/)

APP No.: LNCTU/PhD/2018/

TO,
THE REGISTRAR,
LNCT UNIVERSITY
BHOPAL

SELF ATTESTED
PHOTO

I hereby apply for Ph.D. student for the degree of Doctor of Philosophy in
..... of your university in the
Department/School/Institute of

1	NAME (IN BLOCK LETTERS)		
2	DATE OF BIRTH		3. GENDER :
4	FATHER's/HUSBAND's NAME		
5	CATEGORY (STRIKE OUT OF WHICH IS NOT APPLICABLE)	GEN / SC / ST /OBC / PHYSICALLY CHALLENGED	
6	NATIONALITY		7. RELIGION
8	PERMANENT ADDRESS, WITH PINCODE		
9	POSTAL ADDRESS, WITH PINCODE		
10	MOBILE No.		
11	EMAIL		

