

LNCT UNIVERSITY

(Incorporated under MP Act #4 of 2015 of Madhya Pradesh Niji Vishwavidyalaya (Sthapana Evam Sanchalan)

Dwitiya Sanshodhan Adhiniyam 2014)

L.N. Medical College & J.K. Hospital Campus, Kolar Road, Bhopal - 462 042

| | (ARTS/SCIENCE/ENGINEERING/MANAGEMENT/LAW/MEDICAL /NURSING/COMMERCE/) | | | | |
|-----|---|-------------------------------|-----------------------|--|--|
| TO, | o.: LNCTU/PhD/2018/ | SELF ATTESTED PHOTO | | | |
| | EGISTRAR, UNIVERSITY AL | | | | |
| | | udent for the degree of Docto | our university in the | | |
| 1 | NAME (IN BLOCK LETTERS) | | | | |
| 2 | DATE OF BIRTH | 3. GENDE | R : | | |
| 4 | FATHER's/HUSBAND's NAME | | | | |
| 5 | CATEGORY (STRIKE OUT OF WHICH IS NOT APPLICABLE) | GEN / SC / ST /OBC / PHYSICA | LLY CHALLENGED | | |
| 6 | NATIONALITY | 7. RELIGIO | DN | | |
| 8 | PERMANENT ADDRESS, WITH PINCODE | | | | |
| 9 | POSTAL ADDRESS, WITH PINCODE | | | | |
| 10 | MOBILE No. | | | | |
| 11 | EMAIL | | | | |

FACULTY OF

| 12 | ACADEMIC CAREER (Please provide year of passing with % of marks/Grade) | 10 th /SSC 11 th /12 th |
|----|--|---|
| | | GRADUATE |
| | | POST GRADUATE |
| | | M.PHIL |
| | (Please Enclose Relevant Documents) | ANY OTHER |
| 13 | WHETHER QUALIFIED FOR NET / SLET / ANY OTHER EQUIVALENT EXAMINATION | YES / NO (If YES, please enclose relevant document/s) |
| 14 | PRESENT EMPLOYMENT (Please Enclose NOC from your Organization) | Name of Organization: Working since : Designation : |
| 15 | TENTATIVE PROPOSED RESEARCH WORK (PROPOSED AREA/THEME OF RESEARCH) | |

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM MY CANDIDATURE FOR PH.D. PROGRAMME.

| PLACE : | |
|---------|--|
| DATE: | |

SIGNATURE OF APPLICANT