



(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

## 

APP No.: LNCTU/PhD/2018/

TO, THE REGISTRAR, LNCT UNIVERSITY BHOPAL SELF ATTESTED PHOTO

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

13	ACADEMIC CAREER (Please provide year of passing with % of marks/Grade)	10 <sup>th</sup> /SSC
		11 <sup>th</sup> /12 <sup>th</sup>
		GRADUATE
		POST GRADUATE
		M.PHIL
	(Please Enclose Relevant Documents)	ANY OTHER
14	WHETHER QUALIFIED FORNET/SLET/ANY OTHER EQUIVALENT EXAMINATION	YES / NO (If YES, please enclose relevant document/s)
15	PRESENT EMPLOYMENT	Name of Organization:
	(Please Enclose NOC from your Organization)	Working since :
		Designation :
16	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