



HIMALAYAN UNIVERSITY

Established by the Government of Arunachal Pradesh as per Section 2(f) of UGC Act 1956
 (Member of Association of Indian Universities, AIU)
 Jollang Village, Itanagar, Arunachal Pradesh
 Website: www.himalayanuniversity.com
 Email: research@himalayanuniversity.com

Entrance Exam Form for Admission to the Ph.D. Programme SESSION Jan 2022

Please affix your
 self-attested
 recent photograph

1. PERSONAL

| | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|--|--|-----------------------------|----------------------------------|---|--|-------|----------------|--|--|------|--|----------|--|
| Name | | | | | | | | | | | | | | | | |
| Father's Name | | | | | | | | | | | | | | | | |
| Mother's Name | | | | | | | | | | | | | | | | |
| AGE | DOB | | | | DATE | | | | MONTH | | | | YEAR | | | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | | | | Category | <input type="checkbox"/> General | <input type="checkbox"/> OBC | <input type="checkbox"/> Scheduled Caste | | | | <input type="checkbox"/> Scheduled Tribe | | | | |
| ARE YOU Physically Disabled? | | | | | <input type="checkbox"/> No | | <input type="checkbox"/> Yes, If Yes, Please Specify disability | | | | | | | | | |
| Permanent Address | | | | | | | | | | Postal Address | | | | | | |
| | | | | | | | | | | | | | | | | |
| State | | | | | Pin code | | | | | State | | | | | Pin code | |
| <input type="checkbox"/> With Area Code | | | | | | | | | | Mobile | | | | | | |
| Email _____@_____ | | | | | | | | | | | | | | | | |

2. Discipline of Study.....

3. Topic of Intended Ph.D. Study (only for Ph.D. Candidates)

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4.

| | | | |
|-------------------|----------------------------------|-------------------------------|--------------------------------------|
| Whether Qualified | <input type="checkbox"/> UGC NET | <input type="checkbox"/> SLET | <input type="checkbox"/> ICRA TEST |
| If Qualified | Discipline | | Certificate No & Date (enclose copy) |

I confirm that all entries in application and the appended documents ARE TRUE IN ALL ASPECTS and that the STUDY PROPOSAL HAS BEEN PREPARED BY ME. I understand that any information / document if found to be false, will automatically cancel my candidature and render me liable for such action as the University may deem fit.

Signature of Candidate:

Date:

5. ACADEMIC RECORD Please encloses self-attested copies of all Mark-Sheets & Degree Certificates.

| | | | | | | |
|-------------------------|---|--|----------------|--|--------------------------------------|-------------------------------|
| CLASS 10th | Year of Passing | | Board | | <input type="checkbox"/> CBSE | <input type="checkbox"/> ICSE |
| | | | Marks Obtained | | <input type="checkbox"/> STATE BOARD | |
| | | | Maximum Marks | | % of Marks | |
| CLASS 12th | <input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Commerce | | Board | | <input type="checkbox"/> CBSE | <input type="checkbox"/> ICSE |
| | | | Marks Obtained | | <input type="checkbox"/> STATE BOARD | |
| | Year of Passing | | Maximum Marks | | % of Marks | |
| Bachelor's (Specify) | Discipline | | College | | University | |
| | | | Marks Obtained | | % of Marks | |
| | Year of Passing | | Maximum Marks | | | |
| Master's (Specify) | Discipline | | College | | University | |
| | Year of Passing | | Marks Obtained | | % of Marks | |

6. RESEARCH / TEACHING EXPERIENCE / WORK EXPERIENCE

| From | To | Organisation | Position | Job Description |
|------|----|--------------|----------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. PUBLICATIONS (use a separate sheet if necessary) Enclose copies / Re-Prints

| Title of Paper | Journal | Vol. Month & Year | Co Author (If any) |
|----------------|---------|-------------------|--------------------|
| | | | |
| | | | |

8. FEEDBACK: How did you come to know about the Program

| | | | | | |
|--------------------|----|-----------------|--|----------|--|
| HU Advertisement | in | | | | |
| Press Announcement | in | | | | |
| Friends | | Own Institution | | Internet | |

| | | | |
|--|---|--|--|
| CHECKLIST OF ENCLOSURE <input type="checkbox"/> Mark & Tag in this Order | | | |
| <input type="checkbox"/> 1. Research Proposal | <input type="checkbox"/> 2. Copies of Mark-Sheets | | |
| <input type="checkbox"/> 3. Copies of Publications | <input type="checkbox"/> 4. DD for INR 2500/- | | |

Signature of Candidate:

Date:



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HALL TICKET Ph.D. PROGRAMME: SESSION Jan-22

Student Copy

NAME: _____
FATHER'S NAME: _____
Address for Correspondence: _____

Contact No.: (M) _____ (R) _____
Last Qualification with Percentage: _____
Choice of Examination Center: _____
Signature of Candidate: _____

Please affix you
self-attested
recent photograph

(For Office Use, Only)

Application form checked and found eligible / not eligible / exempted for Entrance Examination.

Remarks: _____

A Fee of INR 2500/- (INR Two Thousand Five Hundred Only) received as Application Form and Processing Fee.

| | | | | |
|--------------|-------|---------|---------|---------|
| Receipt No.: | Date: | DD/Cash | Checker | Cashier |
|--------------|-------|---------|---------|---------|



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NAME: _____
FATHER'S NAME: _____
Discipline of Research: _____
Subject in Post-Graduation: _____
Contact No.: (M) _____ (R) _____
Last Qualification with Percentage: _____
Choice of Examination Center: _____
Roll No.: _____ Time: _____

Please affix you
self-attested
recent photograph

Signature of Candidate: _____

Office Copy

