



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 M.Phil./ Ph.D. Programme SESSION 2020-21

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)

4.

Whether Qualified	<input type="checkbox"/> UGC NET	<input type="checkbox"/> SLET	<input type="checkbox"/> M.Phil	<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	
M.Phil	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

M.Phil./ Ph.D. PROGRAMME: SESSION 2020-21

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

