



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)
 Chimpu, Near Arunachal Pradesh Forest Corporation Guest House, Gohpur Tinali,
 Itanagar, Distt. Papumpare- 791111, Arunachal Pradesh
 Contact: +91 360 2203617 / 18
 Website: www.himalayanuniversity.com
 Email: info@himalayanuniversity.com

Entrance Exam Form for Admission to the Ph.D. Course (Full Time / Part Time) SESSION 2017-2018

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"/> Backward				<input type="checkbox"/> Scheduled Caste				<input type="checkbox"/> Sheduled Tribe			
ARE YOU Physically Disabled?						<input type="checkbox"/> No				<input type="checkbox"/> Yes, If Yes, Please Specify														
Permanent Address										Communication Address														
State						Pin				State						Pin								
<input type="checkbox"/> With Area Code										Mobile														
Email _____ @ _____																								

2. Discipline of Study (i.e. Management, Education. Science etc.):

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)	

If 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.

Candidate's Signature:

Date:



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HALL TICKET

Ph.D PROGRAMME: SESSION 2017-2018

Student Copy

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

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

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

Candidate Signature: _____

Office Copy

University
Seal with
Signature