

Registration No



## **APPLICATION FORM**

## For Ph.D. PROGRAMME

## Please fill up all the sections below in your own handwriting.

(Incomplete or illegible application forms are liable to be rejected)

1. Full Name (in block letters)													
2. Father's Name													
3. Mother's Name					П								
4. Date of Birth	D D M	M Y Y	YY										
5. Gender (Tick whichever is applicable) Male Female													
6. Nationality							,				 •	 • • • • • •	
7. Category (Tick whicher	ver is applicable	e) GEN	NERAL			OBC			SC	7	ST		
8. Address for Correspondence (in block letters)													
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						П							
	PINCODE [												
9. Permanent Address (in block letters)													
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	PINCODE							-		<u> </u>		 ļ	
	_												
10. E-mail Address													
Tel. No. (With ST	D Code).						Мо	bile					

## 11. Educational Details:

Name of the Examination	Board/ University	Name of the College/Inst		assing Stream	Class	% of Marks*
i. Matriculation/						
Secondary School						
Examination						
ii. +2/Higher						
Secondary/						
Equivalent						
iii. Graduation						
iv. Post Graduation						
iv. Post Graduation	1					
iv. Please indicate i						
you have appeared						
any Post Graduatio						
Degree exam. and						
result not declared	1					
iv. Additional						
qualification, if any	′					
		-		te sheet, if necessa	y)	
Name of the		ation	Designation	Responsibilities		
Organization	From (Month/Year)	To (Month/Year)				

Declaration											
I hereby undertake that the information given through this Application form are true and correct to the best of my knowledge											
Signature of the candidate in full											
Enclose a copy of the following documents and tick appropriate boxes											
No of documents attached											
	1. High School Certificate and Mark sheet.     6. College Leaving Certificate and Mark sheet.										
<u> </u>	2.+2/HSC Certifi	icate and Mark s	heet		7. Migration Certificate						
<u> </u>	Graduation (B.A	, B.Com, B.Sc, Er	ngineering		8. Condu	ct Certificate					
	etc.)Certificate a	and Mark sheet			9. Any ot	her, Please Spe	cify				
<u> </u>	4. Post Graduation Certificate & Mark sheet										
<u> </u>	UGC -NET, CSIR	- JRF or GATE So	ore card								
FOR OFFICIAL USE  The candidate has been selected / waitlisted in the interview held on											
Fee	Due Date	Payment Date	Amount		DD Number	DD Date	Bank				
		Date									
Admission Permitted / Not Permitted											
Admission Officer Coordinator, Admissions							Dean				
Completed application along with enclosures should reach:											
Professor-in-charge (Admissions) School of Management, Campus-7 KIIT University, Bhubaneswar-751024, Odisha, India Phone: +91-674-2725007/2375762/2375740 (D), Fax: 91-674-2725007, 2725278 E-mail: <a href="mailto:phdprogram@ksom.ac.in">phdprogram@ksom.ac.in</a> , web site: <a href="mailto:www.ksom.ac.in">www.ksom.ac.in</a>											