

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						
4. Date of Birth	D D M M Y Y Y					
5. Gender (Tick whicheve	er is applicable) Male Female					
6. Nationality						
7. Category (Tick whiche	ever is applicable) GENERAL OBC ST					
8. Address for Correspondence (in block letters)						
	PINCODE					
9. Permanent Address (in block letters)						
	PINCODE					
10. E-mail Address						
Tel. No. (With S ⁻	TD Code). Mobile					

1	1.	Educational	Details:

Name of the Examination	Board/ University	Name of the College/ Inst	Year of Pas	sing Stream	Class	% of Marks*
i. Matriculation/						
Secondary School						
Examination						
ii. +2/Higher						
Secondary/						
Equivalent						
iii. Graduation						
m. Gradation						
iv. Post Graduation	1					
iv. Please indicate i	if					
you have appeared						
any Post Graduatio						
Degree exam. and	"					
result not declared	1					
iv. Additional	·					
qualification, if any	,					
* % of marks in ag	gregate, including op	tional.				
12. Research Ar	ea Applied for w	ith Specialization	n	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
13. Are you bei	ng sponsored for	Ph. D Programi	me Yes	No		
If yes, Pleas	e write down de	tails				
•••••						
•••••						•••••
14 LICC NET	CCID IDE CA	TT C				
14. UGC – NE1,	CSIR - JRF or GA	IE Score			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
15. Work Experi	ience (write lates	t experience firs	t; attach separate	sheet, if necessary	y)	
Name of the	Durat	ion	Designation	Responsibilities		
Organization		To (Month/Year)	Designation	Responsibilities		
				1		

Declaration							
I hereby undertake that the information given through this Application form are true and correct to the best of my knowledge							
Signature of th	e candidate in f	ull		. Place	······	Date	
Enclose a copy of the following documents and tick appropriate boxes							
No of documer	its attached						
	•	rtificate and Ma		6. College Leaving Certificate			
<u> </u>	2.+2/HSC Certifi	icate and Mark s	heet		7. Migrat	ion 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>	Post Graduatior	n Certificate & M	ark sheet				
<u> </u>	UGC -NET, CSIR	- JRF or GATE So	ore card				
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: phdprogram@ksom.ac.in , web site: www.ksom.ac.in							