

Application Form

UGC-HUMAN RESOURCE DEVELOPMENT CENTRE

KURUKSHETRA UNIVERSITY KURUKSHETRA

(Established by the State Legislature Act XII of 1956)

("A+" Grade, NAAC Accredited)

PROFORMA OF PERSONAL PARTICULARS FOR WORKSHOP ON RESEARCH METHODOLOGY FOR PH.D/M.PHIL SCHOLARS

TENTATIVE DATES : 20.08.2018 TO 23.08.2018

Please read the Instructions before filling in this form:

- (a) This form must be filled in completely and no column should be left blank.
- (b) Incomplete form will NOT be considered.
- (c) This form must be forwarded through proper channel.
- (d) Strike out which is not applicable.
- (e) Certificates of completion of course will be given to those participants who attend the full course.
- (f) TA/DA will be paid to the participants as per UGC rules.

1. Name: Mr/Miss/Mrs:.....

2. Father's Name Sh.

3. Department :.....

4. Correspondence Address:.....

.....

.....Pin Code

Telephone Number(Off.).....(Res.).....Mob.....

E_mail ID:

5. Date of Birth:.....

6. Sex : Male/Female.....

7 Whether belonging to Scheduled Caste/Tribe or :

Backward Class or Differently Abled : (State Category , if any)

8 (a) Subject:.....

(b) Topic of study:.....

9. (a) Date of joining as Ph.D student:.....

(b) Date of Registration:.....

10. Remarks if any

Affix Passport Size
Photograph

I hereby declare that all information furnished in this application form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my application/admission is liable to be rejected/cancelled.

Place

Date

(Signature)

Recommendation of the forwarding authority:-

I hereby certify that:

- (i) The application of the above named student is forwarded with the recommendation that when selected, he/she will be relieved in time to participate in the above course; and
- (ii) The information given above by the applicant is true, complete and correct.

Date.....

Supervisor

Chairperson of the
Department