UNIVERSITY OF CALCUTTA

Application form for the admission test of the Ph. D. Program

Department/Centre:

Name (in block letters)   :

Date of Birth   :

Father's Name   :

Marital Status   :

Whether SC/ST/OBC   :

Physically Challenged   :

Nationality   :

Address for Communication   :

Phone No.
(residence & mobile)   :

E-mail ID   :

Academic Qualifications   :

Name of the Examination	Subjects (result)	School / College/ Institution	Year of Passing	Board/ University	Percentage of Marks (%)

Whether qualified in NET/SET/SLET/Teacher Fellowship/M. Phil./ M. Pharm

Signature of the applicant with date:--

* Candidates are requested to deposit application fee Rs. 100/- either by cash or DD through duly filled in C.U. Challan, endorsed by the office of the Head of the Department
** Original documents may be asked for as when required by the appropriate authority