



NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM
CHALTLANG, AIZAWL (MIZORAM) - 796012
 (Application Form for Admission into PhD Program)

| | |
|--------------------------|--|
| PhD Category | Regular/Sponsored/Self-Financed/Project-Staff/Part-Time/External |
| Department (applied for) | |
| Demand Draft Details | No.: _____ Amount: _____ Date: _____ |

Please paste self attested recent passport size colour photograph

| | | | |
|-----|--|---|---------------------------|
| 1. | Full Name(in block letters) | | |
| 2. | Father's/Mother's Name | | |
| 3. | Date of Birth (DD/MM/YYYY) | | 4. Age (as on last date): |
| 5. | Nationality | | 6. Gender: Male/Female |
| 7. | Category (GEN/OBC/SC/ST/PWD) | | |
| 8. | Marital Status (Married/Unmarried) | | |
| 9. | Native Place (Village/Town, District & State) | | |
| 10. | Postal Address for correspondence | Pin Code: Phone No.: _____ Mob. No.: _____ Email-ID: _____ | |
| 11. | Permanent Address (Mention Village/Town, District and State you belong to) | Pin Code: Phone No.: _____ Mob. No.: _____ Email-ID: _____ | |
| 12. | Professional Qualifying Examination passed (self attested copy of certificate must be attached): | | |
| (a) | GATE | Subject: _____ | Score: _____ |
| | | Valid up to: _____ | |

| | | | |
|-----|--|----------|---------------|
| (b) | UGC/CSIR NET | Subject: | Month & Year: |
| (c) | Any other source for fellowship/ scholarship: | | |

13. Professional Experience (Teaching/Research/Industrial) if any (proof to be attached):

| Sl. No. | Name of Organization | Position Held | Nature of duties | Period | |
|---------|----------------------|---------------|------------------|--------|----|
| | | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |

14. Do you have any publications (if yes provide the details):

| Sl. No. | Title of the Paper | Complete list of Authors | Journal | Volume No. (Year) Pages (From-To) |
|---------|--------------------|--------------------------|---------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |

15. Educational Qualifications (matriculation onwards):

| Sl. No. | Examination Passed | Name of the Board/ Institute/ University | Year of Passing | Subject/ Branch Specialization/ | % of Marks/ Grade (CGPA) |
|---------|--------------------|--|-----------------|---------------------------------|--------------------------|
| i. | | | | | |
| ii. | | | | | |
| iii. | | | | | |
| iv. | | | | | |
| v. | | | | | |
| vi. | | | | | |

16. Only for the employed persons:

| | | |
|-----|--|--------|
| (a) | Name of the present employer: | |
| (b) | Whether employer's permission obtained? | Yes/No |
| (c) | Have you attached required form (Form I/Form II/Form III/Form IV/Form V) | |

17. Any other relevant information:.....

DECLARATION

I declare that the statements made in this application are true to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and regulations of the Institute as amended from time to time. I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular department and field of study. The Institute shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if it is found that information furnished by me are false or incorrect.

Date:

(Signature of Applicant)

Place:

FOR OFFICE USE ONLY

To be filled in by Ph.D. Admission Committee after verification and selection test:

| | |
|------------------------------------|--|
| Percentage/CGPA in Graduation | |
| Percentage/CGPA in Post Graduation | |
| GATE (Qualified/Not qualified) | |
| Subject: | Score: Valid up to: |
| JRF/NET (Qualified/Not qualified) | |
| Subject: | Month & Year |
| Performance of selection test | |
| Position in order of merit | |
| Category (Gen/OBC/SC/ST/PWD) | |

Recommendation for admission:

(1) Verified and found suitable and recommended to Chairman, Senate for admission

(2) Recommendation for Ph.D. Assistantship

(3) Not recommended for admission.....

Signature of member

Signature of member

Signature of member

(4) Admitted on approval from Chairman, Senate.

Date:

Faculty i/c (Admission)