

NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM

CHALTLANG, AIZAWL (MIZORAM) - 796012

(Application Form for Admission into Ph.D. Program)

| Ph.D. Category | | Regular/Sponsored/Self-Financed/Project- | | | | | |
|---------------------------|--|--|-------------|--------------------------------------|----------------------|--|--|
| Staff/Part-Tir | | | ne/External | Please paste self attested recent | | | |
| Dep | partment (applied for) | | | | passport size colour | | |
| Demand Draft Details No.: | | Amou | ınt: | photograph | | | |
| Date: | | | | | | | |
| | | <u> </u> | | | | | |
| 1. | Full Name(in block lett | ers) | | | | | |
| 2. | Father's/Mother's Name | | | | | | |
| 3. | Date of Birth (DD/MM/YYYY) | | | 4. Age (as | s on last date): | | |
| 5. | Nationality | | | 6. Gender: | Gender: Male/Female | | |
| 7. | Category (GEN/OBC/ | SC/ST/PWD) | | | | | |
| 8. | Marital Status (Married | d/Unmarried) | | | | | |
| 9. | Native Place (Village/ | | | | | | |
| 9. | & State) | | | | | | |
| 10. | Postal Address for corr | espondence | | | | | |
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| | | | | | | | |
| | | | | Pi | n Code: | | |
| | | | Phone No.: | Me | ob. No.: | | |
| | | | Email-ID: | | | | |
| 11. | Permanent Address | | | | | | |
| | (Mention Village/Tow: State you belong to) | n, District and | | | | | |
| | State you belong to | | | | | | |
| | | | | Pin | Code: | | |
| | | | Phone No.: | Mo | b. No.: | | |
| | | | Email-ID: | | | | |
| 12. | 12. Professional Qualifying Examination passed (self attested copy of certificate must be attached): | | | | | | |
| (a) | GATE | | Subject: | | Score: | | |

Valid up to:

| (b) | UGC/CSIR NET Su | | | bject: Month & Year: | | | | | | |
|------------|---|---------------------|-----------------------------|----------------------|------------------|---------|--------------------------------------|------|--------|--|
| (c) | Any other source for | fellowship/ | | | | | | | | |
| | scholarship: | | | | | | | | | |
| | - | | | | | | | | | |
| 13. I | Professional Experienc | e (Teaching/Rese | arch | /Industrial) if a | any (proof to be | attache | d): | | | |
| Sl. | Sl. Name of Organization No. | | Pos | sition Held | Nature of duties | ties | Period | | | |
| No | | | | | | | From To | | То | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 14. I | Do you have any publi | cations (if yes pro | vide | the details): | | | | | | |
| Sl | Title of the Paper | | Complete list of Authors | | Journal | | Volume No. (Year) Pages (From-To) | | | |
| No | | | | | | | | | | |
| | | | | | | | | | | |
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| | • | | | | | | | | | |
| 15. I | Educational Qualificat | ions (matriculation | n on | wards): | | | | | | |
| Sl. | Examination | Name of the | ! | Year of | Subject/ | Branch | 1 | % of | Marks/ | |
| No. | Passed | Board/ Institut | | Passing | Specialization/ | | | | | |
| | | University | | | | | | | | |
| i. | | | | | | | | | | |
| ii. | | | | | | | | | | |
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| iii. | | | | | | | | | | |
| iv. | | | | | | | | | | |
| 17. | | | | | | | | | | |
| v. | | | | | | | | | | |
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| vi. | | | | | | | | | | |
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| 16. (| Only for the employed pe | ersons: | | | | | | | | |
| (5) | Name of the | 1 | ı | | | | | | 1 | |
| (a) (b) | Name of the present employer: Whether employer's permission | | | Yes/No | | | | | | |
| (0) | obtained? | PC11111331011 | | 103/110 | | | | | | |
| (c) | Have you attached r | | rm | | | | | | | |
| | I/Form II/Form III/Fo | orm IV/Form V) | | | | | | | | |
| 17 / | Any other relevant info | ormation: | | | | | | | | |
| -,,1 | ing carer relevant nine | | | | | | | | | |

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 Co | mmittee after verification and sele | ection 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 re- | commended to Chairman, Senate for | admission |
| (2) Recommendation for Ph.D. Assista | ntship | |
| (3) Not recommended for admission | | |
| | | |
| Signature of member | Signature of member | Signature of member |
| | | |
| (4) Admitted on approval from Chairn | nan, Senate. | |
| Tr | • | |
| Date: | | Faculty i/c (Admission) |