

**BOARD OF RESEARCH STUDIES  
(FACULTY OF SCIENCE)  
UNIVERSITY OF DELHI**

**APPLICATION FORM FOR ADMISSION TO Ph.D. COURSE IN THE DEPARTMENT OF PHYSICS & ASTROPHYSICS**

The Chairman,  
(Board of Research Studies)  
Faculty of Science,  
University of Delhi  
Delh-110007

Photograph

Sir,

I hereby apply for admission as a research student for the Ph.D. Degree of the University of Delhi in the Faculty of Science.

I certify that the statements made below in columns 1 to 17 are true to the best of my knowledge and belief.

Sincerely yours

Signature of Candidate

Mobile \_\_\_\_\_

Date: \_\_\_\_\_

1. Name (in block Letter) Mr./Ms. \_\_\_\_\_

2. Present Address \_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Nationality \_\_\_\_\_

5. University Enrolment No \_\_\_\_\_

6. Name of Father or Guardian \_\_\_\_\_

7. Guardian's relationship with the applicant \_\_\_\_\_

8. Name, Address (along with Tel. No and Email address) and Occupation of Father/Guardian \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name and Address of Mother (along with Tel No and Email Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Category (General/SC/ST/OBC) \_\_\_\_\_

12. Educational Institutions attended and examinations passed starting with Secondary/Senior Secondary Examination

Name of Board/Univ.	Examination Passed	Year	Roll No	Marks Obtained	Maximum Marks	% age	Subjects offered and passed at the Exam

**NOTE:** 1 Attested copy of the Secondary/Senior Secondary Examinations/SSC Examination/Degree Marks Sheet for the B.Sc./M.Sc./M.Phil. Examinations and Certificates showing the date of birth must be attached with the application.

13. Nature of Fellowship: NET/Non-Net/Others (Specify) \_\_\_\_\_

14. Proposed Title of Research (In Block Letters) \_\_\_\_\_

\_\_\_\_\_

15. If M.Phil., whether course work completed/not Completed? \_\_\_\_\_

16. Is the candidate employed in any institution? Give the name of Institutions, Designation and nature of the work and date of appointment of the substantive post:

\_\_\_\_\_

17. If employed a Certificate to be provided by the Head of the Institution in which the candidate is employed that he/she would be sanctioned a leave for a period of minimum two years from the date of joining \_\_\_\_\_

\_\_\_\_\_

**I/We, hereby, agree to guide the applicant if he/she is admitted to the Ph.D. Programme.**

Name and designation of Supervisor/s 1. \_\_\_\_\_

(With address indicating Deptt.) 2. \_\_\_\_\_

No. of scholars already registered (Please give 1. \_\_\_\_\_

Name and date of registration) 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Names of members of the Advisory Committee 5. \_\_\_\_\_

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

Signature of the Supervisor

Signature of Jt./Co. Supervisor (if any)

Signature of the Head of the Department

(with Seal)