

NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR SILCHAR 788 010, ASSAM

Application Form for Admission into Ph.D. Program

(Please consult the <u>Regulations</u> before filling up the form.) 1. Name: Affix recent passport size distinct 2. Male/Female: colored photograph 3. Father's/Spouse's name: 4. Mother's name: 5. Addresses: (a) For communication (b) Permanent Dist: State: Dist: State: (d) Phone no: (c) Email id: 6. (a) DD No: (b) Date (c) Amount: Rs. 7. (a) Date of Birth: (b) Marital Status: (c) Age on 01.01.20____: (d) Nationality: (e) Category (OP/SC/ST/OBC/PH): (if other than open category (OP), a self certified category certificate must be enclosed) (f) Specify if you belong to any other Backward Class: (g) Mother Tongue: (h) Religion: 8. (a) Department to which admission is sought: (b) Specialization(s) to which admission is sought (in order of preferences): (i) (ii) (iii) (iv) (c) Are you also applying to any other Department? (Yes/No): *If yes, list the other Department(s)*: (i) (ii) (iii).....

(b) Professional Qualifying Examination Passed (attested copy of certificate must attached): GATE	Subjects	be attached)	class O	s/grade car	mark shee	icates a	ies of cer	sity/College/	(Self a
attached): GATE Subject Valid Score Valid upto (c) Any other source for fellowship/scholarship, if any: (d) Professional Experience (Teaching/Research/Industrial), if any (proof to be attached) Name of organization Position held Type of work From (i) (ii)		dicable)		GPA/CPI	C	oline)	(with dis	Board	
attached): GATE Subject Valid Score Valid upto (c) Any other source for fellowship/scholarship, if any: (d) Professional Experience (Teaching/Research/Industrial), if any (proof to be attached) Name of organization Position held Type of work From (i) (ii)									
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(c) Any other source for fellowship/scholarship, if any: (d) Professional Experience (Teaching/Research/Industrial), if any (proof to be attally selected by the source of the selected by th		C/CSIR NET		UGO			GATE		
(d) Professional Experience (Teaching/Research/Industrial), if any (proof to be attained by the second by the seco	Valid up	t Qualifying Date		Subject		id upto	Score V	t Valid	Subject
(i) From (ii)	Period								
(ii)	riod		Type of work		n neia	Po	zation	ame of organ	Na
	riod To	From							(i)
(iii)		From							
		From							(ii)
(e) Attach a list of publications/projects etc. separately, if any:		From							` ′
10. If presently employed, name of the present employer:		From	v:	rately, if any	s etc. sepa	ons/pro	of publica	Attach a list	(iii)
(NOC in appropriate form (refer Regulations) to be attached)	То		-	•	-	-	-		(iii)
11. List of Enclosures:	То			/er:	ent emplo	of the	oyed, nan	esently empl	(iii) (e) A 0. If pres
(a) (c)	То			/er:	ent emplo	of the	oyed, nan	esently emplocation PC in approp	(iii) (e) A 0. If pres
(b) (d)	То			/er:	sent emplo	of the	oyed, nan	esently emplocation PC in approp	(iii) (e) A 0. If pres (NOC) 1. List of

(d) Category of Admission Sought for (*Tick the appropriate one as per Regulations*):

Declaration

I hereby declare that the entries made in this application form are correct 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. I shall abide by the decision of the Institute, which shall be final.

Place: Date:					
			Signature of the a	applicant	
	For office	ce use only			
	To be filled-in by Departme	ental Ph.D. Admission C	Committee		
% of B.Sc./F	B.Tech. marks/Grade	Performance of	Selection Test		
% of M.Tecl	h./M.Phil/M.Sc. (marks/Grade)	Position in orde	Position in order of merit		
GATE/NET	score	Category(OP/S	C/ST/PH)		
	Recommend	led for admission:			
Signature of	member Signature of member	•	ber Signature of m	ember	
Name	Name	Name	Name		
	C	hairman			
]	Name: D. Admission Committee	2		
To be filled by	Institute Ph.D. Admission Committee	ee:			
	Verified and found suitable and reco				
(11)	Not recommended for admission, with	th reason(s):			
	(Signature of members):				
Admitted on a	pproval of Chairman, Senate.				

Date:

Dean (R & C)