



SANT GAHIRA GURU VISHWA VIDYALAYA
SARGUJA, AMBIKAPUR (C.G.)

Photo

APPLICATION FORM FOR ENTRANCE TEST FOR Ph.D. PROGRAM, YEAR 2019

- 1 Subject:Faculty:-
- 2 Specialization:
- 3 Name of the Candidate in full (in capital Letter) :.....
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- 4 Father's Name:
- 5 Date of Birth
- 6 Gender:
- 7 Nationality:
- 8 Permanent Address :
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- 9 Address for Correspondence :
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- 10 Mobile No. :
- 11 E-mail ID :
- 12 Whether belonging to SC/ST OBC/Differently able Categories :
(Strike out whichever is not applicable)
- 13 Details of Fee Payment : Challan/ Cash.....
(Strike out whichever is not applicable)
- 14 Challan No.....Amount in Rs.Date of issue.....
- 15 Name of the Bank.....
- 16 **Educational Background** (attach attested copies of marks statement and certificates)

Degree	Board./University	Year of passing	Specialization	Class/ Grade	Percentage/ Grade Points / Averse
H.S.S.C.					
Bachelor's					
Master's					
M. Phil					
Any other					

17 Particulars of Publications in peer reviewed/Indexed National/International Journal (Strike out whichever is not applicable)						
Sr.	Title of the Paper/Book	Name of the	Details of Publication			
			Volume	issue	year	
1						
2						
3						
4						
18 Details of Teaching Experience						
Sr.	Name of The College	Subject'(s) Taught	Period			
			From	to		
1						
2						
3						
4						
19 Details of Work Experience						
Sr.	Name of The Organization	Designation	Period			
			From	to		
1						
2						
3						
4						
20 Present Employment Details						
Name of The Employer :						
Address :						
21 Declaration :						
a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application for m will be cancelled.						
b) If admitted to SANT GAHIRA GURU VISHWAVIDYALAYA SARGUJA, AMBIKAPUR (C.G.) I shall abide by its Rules and Regulations.						
c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by these Provisions.						
Place :						
Date :						
Signature of the Candidate						



Ph.D. Entrance Examination

Academic Session :2019

ADMIT CARD

Affix self-attested
stamp Size Photo

Roll no.

Subject :

Name & Address of the Candidate

Name & Address of the Examination Center :

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Date of Examination

Time of Examination

Head, SoS/Principal