

APPLICATION FORM FOR ADMISSION TO Ph.D. PROGRAMME

***To be filled by the applicant by his/her own handwriting**
***Please attach attested copies of all documents/certificates/testimonials**

1 Advertisement number & Sr. No.

2 Subject :

3 Name of applicant in Full :

4 Date of birth and place :

5 Nationality :

6 Gender :

7 Marital status :

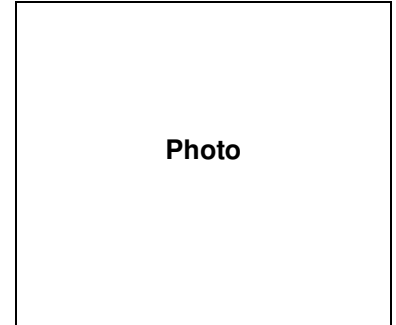
8 Category: General/OBC/SC/ST

9 Email ID :

10 Contact No. (Telephone / Mobile No.):

11 Address for correspondence:

12 Permanent address :



13. Educational qualifications:

Examination	Year of Passing	University	Subjects	Marks Obtained/ CGPA*	%age of Marks
SSC					
HSC					
BSc					
MSc					
Any Other					

14 Whether qualified in GATE/JRF/ UGC (CSIR) / SLET :

If yes, GATE/JRF/UGC(CSIR) / SLET score and year of passing:

15. Work experience with full details

(if employed in a Govt./Semi-Govt./ Public Sector Undertaking/Autonomous body, you are required to forward your application through proper channel)

Name of Employer	Designation of the post held	Period of Service		Salary
		From	To	

List of Enclosures:

- | | |
|---|----------|
| 1 B.Sc. Examination certificate indicating the detail marks | Yes / No |
| 2 M.Sc. Examination certificate indicating the detail marks | Yes / No |
| 3.GATE/JRF/ UGC (CSIR) / SLET qualifying certificate | Yes / No |
| 4.Xth / Degree certificate (as proof for date of birth) | Yes / No |

UNDERTAKING BY THE APPLICANT:

I clearly understand that my admission to Ph.D. Programme in _____ is
**SUBJECT TO THE RULES AND REGULATION OF UM - DAE CENTRE FOR EXCELLENCE IN BASIC
SCIENCES (UM-DAE CEBS).**

In case any information/particular provided by me is found false/wrong at any stage, CEBS can cancel my admission and all the fees deposited by me shall be forfeited. In such case, I shall have no claim, whatsoever, in respect of my admission.

Date:

Place:

(Signature and full name)

NOTE : Applications giving full details together with copies of relevant certificates/testimonials in the above format and superscribing the post applied for & Serial Number of the post on the envelope should reach **Registrar, UM-DAE Centre for Excellence in Basic Sciences, 1st Floor, Health Centre Building, University of Mumbai, Kalina Campus, Vidyanagri, Santacruz (East) – Mumbai 400 098** before the closing date.