

Dr. Bhimrao Ambedkar University, Agra

Ph.D. Counseling Registration Form-2024

Counselling Co	entre Na	ame:	•••••		•••••••••••••••••••••••••••••••••••••••	•••••	••••••
Subject:	•••••	••••••	•••••	Roll No	o	•••••	
Faculty:	•••••						
1. Name of Cano	lidate:						
2. Father's Name	e:					C	andidate
3. Mother's Nan	ne:						otograph
4. Date of Birth:		Ge	nder (M/F):			PII	otograpii
5. Social Categor	ry (UR/O	BC/SC/ST/):	EWS (Yes	/No):			
6. Physically Dis	abled (Ye	es/No):	•••••	•••••			
7.E-Mail:					•••••		
8. Mobile No (W	/hatsApp	No.):	A	lternate M	obile No:		
9. Permanent Ad	ddress:						
	•••••					Pin:	
10. Correspondi	ng Addre	ss:					
						.Pin	
11. Local Guardi	an Addre	ess (if any):					
12. Details of Ed	ucationa	l Qualification:					
Examination	Year of	Board/University	Max.	Marks	Percentage	ntage Subjects	
	passing		Marks	Obtained	of Marks		
High School							
Intermediate							
Graduation							
Post-Graduation							
Any other							
13. Details of Ex	empted	category Examination	on: (Teache	r/Fellowshi	p/GATE/M.	Phil.	
Exempted Category		Details		age of Marks	Present Status		
				case of Fellowship/GATE/M.Phil.)			
						_	

14. Want to join Ph.D. in:	Regular Mode		Part-Time Mode								
15. Are you convicted in any	criminal offense (Yes/No)	·		••••							
16. Declaration by Candidate:											
I hereby, solemnly affirm that											
Department/University	·	udent's co	of the Pre-Ph.D. Course Work nduct and discipline rules of								
(b) If discovered even af	ter my admission that I	have made	a fake or an incorrect statement	or							
concealed any fact or used any fraudulent means, I shall be liable for disciplinary action and											
cancellation of my admission without any prior information and I shall abide by such action taken											
by the Department/Ur	niversity against me.										
(c) I have read the related	Ordinances for Ph.D. deg	ree and oth	er rules governing the same and acc	ept							
the same as binding or	n me.										
_											
Date:			Signature of Candidate								
	FOR OFFICE	USE	Enclosures								
Bank Draft Details (Rs 500)			1. High School Marksheet								
Bank Name:	2. Intermediate Marksheet										
Draft No.:	3. Graduation Marksheet										
Draft Amount:			4. Post-Graduation Marksheet								
Draft Date:			5. Post-Graduation Degree								
Note: Draft made in the name of			6. M.Phil. Marksheet (if applicable)								
FINANCE OFFICER, Dr. BHIMRAO AMBEDKAR UNIVERSI	TY, AGRA		, H								
Payable at: AGRA			7. Category Certificate (if applicable)								
			8. Fellowship Certificate (if applicable)								
			9. GATE Certificate (if applicable)								
Na	ame & Signature of Scrutin	ny Staff	10. EWS Certificate (if applicable)								
			11. Divyang Certificate (if applicable)								
			12. Appointment Letter Photocopy								
			(if applicable)								
Date:	Signature of Coordina		13. Part-Time Request Application								
	Signature of Coordina	LOI	14. Aadhaar Photocopy								
			15. Entrance Test Result								

16. Bank Draft (Rs.500)