

DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY
(Deemed University)



**APPLICATION FORM FOR ADMISSION TO
Ph.D. PROGRAMME**

Registration No. : _____

Department. : _____

<p>1. Name : _____</p> <p>Date of Birth (DD/MM/YY) : _____ Age : _____</p> <p>Address for Communication: _____ Permanent Address: _____</p> <p>_____</p> <p>_____</p> <p>Pincode : _____ Pin code : _____</p> <p>Phone No : _____ Phone No : _____</p> <p>E-Mail : _____ Fax No : _____</p>	Photo																																										
<p>2. Type of Registration : Staff <input type="checkbox"/> Research Fellow <input type="checkbox"/> Scholarship <input type="checkbox"/> Services <input type="checkbox"/></p>																																											
<p>3. Details of University / Institution Studied (SSC, HSC and above)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 5%;"></th><th style="width: 15%;">Degree</th><th style="width: 15%;">Discipline</th><th style="width: 30%;">University/ College</th><th style="width: 10%;">Year</th><th style="width: 15%;">Average Marks/CGPA</th><th style="width: 10%;">Class</th></tr></thead><tbody><tr><td>(a)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(b)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(c)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(d)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(e)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>			Degree	Discipline	University/ College	Year	Average Marks/CGPA	Class	(a)	_____	_____	_____	_____	_____	_____	(b)	_____	_____	_____	_____	_____	_____	(c)	_____	_____	_____	_____	_____	_____	(d)	_____	_____	_____	_____	_____	_____	(e)	_____	_____	_____	_____	_____	_____
	Degree	Discipline	University/ College	Year	Average Marks/CGPA	Class																																					
(a)	_____	_____	_____	_____	_____	_____																																					
(b)	_____	_____	_____	_____	_____	_____																																					
(c)	_____	_____	_____	_____	_____	_____																																					
(d)	_____	_____	_____	_____	_____	_____																																					
(e)	_____	_____	_____	_____	_____	_____																																					
<p>4. Additional Qualifying Examination</p> <p style="text-align: right;">GATE Score : _____</p> <p style="text-align: right;">Valid up to : _____</p>																																											

5. Professional Experience (Technology/ Research/ Industrial) if any :

Name of Organisation	Designation	Period		Nature of Work
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Personal Information :

(a) Father's / Husband's Name : _____ (g) Martial Status : _____

(b) Father's / Husband's Occupation : _____ (h) Gender : Male/ Female

(c) Mother's Name : _____ (i) Whether OBC/ SC/ST : **Yes / No**
(If yes, enclose attested copy of certificate Issued)

(d) Place of Birth : _____ (j) Whether Physically challenged : **Yes / No**
(If yes, furnish the certificate to this effect)

(e) Mother Tongue : _____

(f) Nationality : _____

7. Proposal title of research work

(Please attach a small write up next exceeding one page)

8. DECLARATION

I hereby declare that I have carefully read the instruction and particulars supplied to me and that the entries made in the application form are correct to the best of my knowledge and belief. I understand that association (active or passive) with any unlawful organization is forbidden. If selected for admission, I promise to abide by the rules and discipline of the Institute.

I note that the decision of the Institute is final in regard to selection and assignment to a particular department and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

Place : _____
Date : _____

Signature of Applicant

9. List of enclosure

- (a)
- (b)
- (c)
- (d)
- (e)

- (f)
- (g)
- (h)
- (i)
- (j)

10. Recommendation of the Proposed Supervisor:

Signature of Supervisor

Name and Designation

11. Recommendation of the Head of the Lab:

Signature of Head of the Lab

12. Recommendation of DRDO HQ

Signature of Competent Authority