



SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University Under Section 3 of UGC Act, 1956)
At. & Post : Pipariya, Ta : Waghodiya,
Dist : Vadodara-391760

Form No:

Paste your recent
colour Photograph
(Size: 3.5* 4.5 cm)
& paste (do not staple)

Application form for Ph.D Entrance Test

Application For:

(a) Full time PhD

(b) In Service PhD

(c) Part time PhD

Signature of the Candidate

1. Ph.D Program applied for:

Medical

Dental

Physiotherapy

Nursing

Pharmacy

Management

specify area of specialization / Branch _____

2. NAME OF THE CANDIDATE (as per HSC Marksheet)

Date of Birth

3. FATHER's / HUSBAND's NAME

Occupation

Mobile No.

Contact Numbers of the candidate

STD Code

Telephone No

Aadhar Card Number

E-MAIL ADDRESS OF CANDIDATE

4. MOTHER's NAME (as High School or equivalent Certificate)

Occupation

5. PERMANENT ADDRESS

CITY:

PIN CODE:

CONTACT NUMBER

Telephone No with STD Code

Mobile No

E-MAIL ADDRESS

6. CORRESPONDENCE ADDRESS

CITY:

PIN CODE:

CONTACT NUMBER

Telephone No with STD Code

Mobile No

E-MAIL ADDRESS

7. PASSPORT VISA DETAILS (For Foreign Candidates Only)

Citizenship (Country whose Passport is Now Held)

Passport Details

Number

Date of Issue

Date Month Year

Valid Upto

Date Month Year

Place of Issue

Visa Details

Number

Date of Issue

Date Month Year

Valid Upto

Date Month Year

Place of Issue

Place of Registration with Government Authority

Date of Registration

Date Month Year

8. GENDER

Male

Famale

9. CATEGORY

GEN

ST

SC

OBC

OTHER

if other please specify _____

10. NATIONALITY

Indian

Other

if other please specify _____

11. Academic/Educational Qualification - Enclose attested zerox copies

Course/Program	Year	University/ Board	Institution	Marks Obtained /Percentage	Main Subject / Stream
Matriculation(10th)					
Intermediate(12 th)					
Graduation ()					
Post Graduation ()					
Other ()					

12. Work Experience;Academic/Research- Enclose attested zerox copies

Sr.No	Position	Organisation	Period	Assignment

13. Give Details of Research Publications-Enclose attested zerox copies

SN	Title of Publication	Name of Journal / Published	No/Vol/Edition/Date	N/I* (✓)

* N- National , I- International

14. Proposed Research Area / Title for Ph.D Studies ;

15.Details of In-service Candidates (for those working in Sumandeep Vidyapeeth)

- a. Name of the Department _____
- b. Name of the Institution/College _____
- c. Date of appointment _____
- d. Present designation _____
- e. Period of Service _____

f. NOC enclosed Yes No

16. Any other Details

17. Application Fee Details

By Cash Cash Receipt No. _____

By Cheque Cheque No. _____ Date : _____ Drawee Bank _____

I.....hereby declare that all the details furnished above in this application are true, complete and correct to the best of my knowledge and belief. In the event of any of the information being found false or incorrect or any ineligibility being detected before or after the test / admission my candidature is liable to cancelled and action will be initiated against me. Further, I shall abide by all the SVDU Rules and regulations of PhD program that are applicable to Full time / Part time / In service candidates.

Date: _____
Place: _____

Signature: _____
Name _____

List of enclosures

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