



TEERTHANKER MAHAVEER UNIVERSITY

Delhi Road, Moradabad (U.P.) - 244001

APPLICATION FORM FOR TEERTHANKER MAHAVEER RESEARCH APTITUDE TEST (TRAT) FOR ADMISSION TO Ph.D. PROGRAM

Aadhar Card No.

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Please paste
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Area of research applied for:

1. Name of the candidate
(in full & block letters)
2. Date of Birth 3. Gender (M/F).....
(attach copy of 10th Std. Certificate)
4. Father's Name
5. Mother's Name
6. Category (General/OBC/ST/SC/Others).....
7. Residence Status (Village/Town/City).....8. Blood Group.....
9. Parents Occupation Father.....Mother.....
10. Parents Education Father.....Mother.....
11. Annual Income (Rs.).....
12. State of Domicile13. Mother Tongue.....
14. Religion15. Nationality
16. **Correspondence Address:**.....
City/Village.....Post.....Police Station.....
Railways Station..... District..... State.....
Pin Code..... STD Code..... Telephone No.....

17. Contacts Details:

STD Code.....Tel. No.....Cell No.....Email ID:.....

18. Details of the Academic Qualifications & Experience, if applicable, on the basis of which admission is being sought

a) Academic Qualifications (Attach Documentary Evidence/s)

| <i>Sr. No.</i> | <i>Examination Passed</i> | <i>College/ University Attended</i> | <i>Year of Passing</i> | <i>Division</i> | <i>Percentage of Marks Secured/ CGPA</i> | <i>Major Subject/ Specialization</i> | <i>Remarks</i> |
|----------------|---------------------------|-------------------------------------|------------------------|-----------------|--|--------------------------------------|----------------|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> | <i>(8)</i> |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

b) Details of the Experience (Attach Documentary Evidence/s)

(i) _____

(ii) _____

(iii) _____

(Attach extra sheet/s if required)

Declaration: I do hereby declare that all the information furnished above is true to the best of my knowledge and belief. If any information is found to be incorrect, the University will have the right to cancel my application/candidature.

Place : _____

(Signature of the Candidate)

Date : _____