



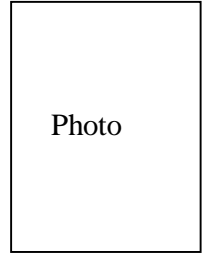
**SHRI KHUSHAL DAS
UNIVERSITY**

SHRI KHUSHAL DAS UNIVERSITY

(Established by the Govt. of Rajasthan and Recognized by the UGC)

DOCTORAL PROGRAMME REGISTRATION FORM

Session - 20 -----20-----



1. Subject _____ Faculty _____
2. Name of the Candidate (Mr./Ms.) _____
(in English, in capital letters)
(in Hindi) _____
3. Father's/Husband's Name in English _____ Hindi _____
4. Mother's Name in English _____ Hindi _____
5. Date of Birth (as per Secondary School Certificate) _____
6. Gender Male Female Transgender
7. Category Gen SC ST OBC SBC PWD Any Other Specify _____
(Enclose Certificate)
8. Contact No./Mobile No. of the Candidate _____ E-mail _____
9. Aadhar No. _____
10. Communication Address _____
_____ State _____ Pin code _____
11. Permanent Address _____
_____ State _____ Pin code _____
12. Academic Qualifications:

Name of Examination	Name of Subject	Board/University	Year of passing the Examination	Division/Grade	% /CGPA
Secondary					
Sr. Secondary					
Graduation					
Post-Graduation					
Any Other					

13. Test Cleared: (UGC-NET/UGC-CSIR (Including JRF)/SLET/SET/GATE) (this information is only for registration to Ph.D. Course.)

Year _____ Roll No. _____ Rank _____ Score _____

{Note : UGC-NET(including JRF)/UGC-CSIR NET (including JRF)/SLET/GATE/teacher fellowship holder are exempted}

13. Payment Details

DD No/Receipt No. (if Cash) _____ Date _____ Amount _____

Name of Bank Branch and Address _____

Terms and Conditions

- i. The information contained in the information Brochure/Advt. is only for general guidance and should not be treated as legal document. It could be changed/modified from time to time by the university.
- ii. Cancellation of Admission: The university reserves rights to cancel the admission of any candidate under any of the following circumstances:
 - a. If the fee is not deposited by the stipulated date.
 - b. If the candidate does not join the particular programme by the stipulated date or leaves the course without obtaining prior permission from the university even though the fee has been deposited.
 - c. If the candidate found at any stage fails to furnish the proof of the stipulated minimum qualifications.
 - d. If any candidate is found involved in illegal activities or punished by any court for any offence.
 - e. If any candidate violence the rules and regulatory of the university.
 - f. If any stage it is found that candidate has hidden or provided wrong information.
 - g. Non-compliance of Rules/Regulations mentioned in the Ph.D. ordinance of the University.
 - h. Non-compliance of Ph.D. Regulations-2016 & 2018 of the UGC.

DECLARATION BY THE CANDIDATE

I hereby declare that the information given in the application form is complete and authentic. I understand and agree that misrepresentation, omission or suppression of facts will justify the denial of admission. I have not been convicted of an offence involving moral turpitude and have clear understanding that my admission shall be cancelled immediately after the facts of any such case are known. I shall abide by the decision of the competent authority for all purposes & furthermore the university reserves its right to change the existing fee structure & to modify, alter and/or include any other terms and conditions that may be deemed necessary in the interest of running the course. I accept the terms and conditions of the university as binding on me for the admission.

Place : -----
Date : -----

Signature of Candidate

ENCLOSURES

List of documents attached herewith:

- i. Marks Statement of the qualifying examination (Attested copy)
- ii. Mark Statement of UG and PG Examinations
- iii. Marks sheet and Certificate of Secondary School Examination (Attested copy)
- iv. Transfer Certificate (T.C) and Character Certificate (Original copy)
- v. Migration Certificate, if from other than SKD University (Original copy)
- vi. Certificate of Caste Certificate issued by the competent authority (Attested copy)
- vii. Certificate of disability issued by the competent authority (Attested copy)
- viii. No Objection Certificate from the employer (if employed, Original copy)
- ix. A DD/Cash receipt/cheque. (Tick any one)
- x. Any Other _____

OFFICE USE ONLY

Verified By(Name and Signature) Date:
Approved By(Name and Signature) Date:

