

LIST OF DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION (FOR PH.D ADMISSIONS)

NAME OF STUDENT			
FATHER'S NAME			
NAME OF PROGRAM	PH.D IN		
REGISTRATION NUMBER / STUDENT ID			

S. NO.	DOCUMENT/CERTIFICATE	TYPE	REMARKS
1	REGISTRATION FORM.	ORIGINAL	
2	FOUR LATEST PASSPORT SIZE PHOTOGRAPHS.	COLOURED	
3	10 TH CLASS PASS CERTIFICATE AND DETAILED MARKS CARD.	SELF ATTESTED	
4	12 TH CLASS PASS CERTIFICATE AND DETAILED MARKS CARD.	SELF ATTESTED	
5	ALL DETAILED MARKS CARDS OF GRADUATION.	SELF ATTESTED	
6	DEGREE OF GRADUATION.	SELF ATTESTED	
7	ALL DETAILED MARKS CARDS OF POST GRADUATION.	SELF ATTESTED	
8	DEGREE OF POST GRADUATION.	SELF ATTESTED	
9	NET/GATE/M.PHIL OR ANY OTHER EXAMINATION QUALIFIED.	SELF ATTESTED	
10	ANY OTHER QUALIFICATION.	SELF ATTESTED	
11	MIGRATION CERTIFICATE.	SELF ATTESTED	
12	AADHAAR CARD.	SELF ATTESTED	
13	CATEGORY CERTIFICATE (SC, ST, OBC ETC.).	SELF ATTESTED	
14	CERTIFICATE OF ANY RESEARCH SCHOLARSHIP WON.	SELF ATTESTED	
15	ANY RESEARCH PUBLICATIONS.	SELF ATTESTED	
16	ANY CERTIFICATE OF RESEARCH SCHOLARSHIP WON BY THE CANDIDATE.	SELF ATTESTED	
17	RECEIPT/PROOF OF REGISTRATION FEE DEPOSITED.	SELF ATTESTED	
18	NO OBJECTION CERTIFICATE (NOC) FROM EMPLOYER. IN CASE OF EMPLOYED CANDIDATE, UNDERTAKING FROM APPROPRIATE AUTHORITY CLEARLY STATING THAT:	ORIGINAL	
	1 THE CANDIDATE IS PERMITTED TO PURSUE STUDIES ON A PART-TIME BASIS.		
	2 HIS/HER OFFICIAL DUTIES PERMIT HIM/HER TO DEVOTE SUFFICIENT TIME FOR RESEARCH.		
	3 IF REQUIRED, HE/SHE WILL BE RELIEVED FROM THE DUTY TO COMPLETE THE COURSE WORK.		
19	MEDICAL FITNESS CERTIFICATE.	ORIGINAL	
20	BLOOD GROUP REPORT.	ORIGINAL	

NOTE: ORIGINAL DOCUMENTS/CERTIFICATES WILL ALSO BE CHECKED FOR VERIFICATION AT THE TIME OF ADMISSION.