



Sam Higginbottom University of Agriculture, Technology & Sciences

ALLAHABAD, 211 007, U.P. INDIA

UNIVERSITY REGISTRATION FORM

Form No.:

Programme: Ph.D in

1. Name of the Candidate (in Block Letters):

2. Sex (Male/ Female):

3. Date of Birth:

4. Father's Name:

Permanent Address	Local Address
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.....
.....
.....

6. State of Domicile:

7. Religion:

8. Caste (General / SC/ST/OBC):

9. Phone No.....

10. E-mail :

10. Educational Qualification (Attach photocopies of Mark sheets & Certificates) :

Examination Passed	Year	Subjects	OGPA/ Total Marks		% of Marks	Board / University
			Obt.	Max.		
High School (10th)						
Intermediate (12th)						
Graduation						
P.G./ Others						

Certificates to be attached in original:

- (a) Transfer / Migration Certificate Yes/ No
 (b) N.O C (if employed) Yes/ No

Declaration

All the information furnished by us is correct. If at any stage, the above information is found to be incorrect, the admission stands cancelled. We will abide by the rules and regulations of the University.

Date :

Signature of Candidate

For Official Use Only

Signature of official(s) verifying documents : _____

Admission granted : Confirmed / Provisional _____ P. Id. No. _____

(Signature of verifying officer)

PERFORMA FOR CONSENT OF Ph. D. SUPERVISOR

- 1. **Department**
- 2. **Name of candidate:**
- 3. **Field of Specialization for Ph. D. admission:**
- 4. **Name of the Supervisor & Designation:**
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- 5. **Teaching/ Research Experience (years)**
- 6. **Total No. of Ph. D. students presently supervising (in all discipline):**
- 7. **Total No. of Ph. D. students supervised earlier**
- 8. **Research Publication in peer reviewed journals**
- 9. **Consent of the supervisor with remarks (if any):**
.....

Signature of the Candidate
(With Date)

Signature of the Supervisor
(With Date)

Comments of Head of the Department (if any):

.....
.....
.....

Signature (with seal & date)