



Application Form for Admission to Ph. D. Program

**LAST DATE FOR
SUBMISSION OF
APPLICATION:**

Application No:

Please send the completed application Form along with relevant documents and draft of Rupees five hundred in favor of **IUD-Fee Collection A/C** to Research Office, The ICFAI University Dehradun, Rajawala Road, Selaqui, Dehradun- 248197, Contact No. 0135-3003067

I. MODE OF REGISTRATION: Full Time Research Scholar Part Time for Working Professionals Part-Time for Faculty at ICFAI

II. PERSONAL DETAILS (USE CAPITALS ONLY)

Name: Mr. / Ms.....
(As it appears in official records, Underline Surname)

Sex: Male Female

Mailing Address :

.....Pin

Telephone : Fax :
(STD Code) – Number (STD Code) - Number

Mob. No. : Email :

Please affix recent color photograph

III. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

Age in Completed Years as on April 01, 2014

(Please attach Xerox Copy of Date of Birth Certificate)

IV. ACADEMIC QUALIFICATIONS OF THE CANDIDATE

	Title of Degree/ Certificate	Name of Institution / Board / University	Duration From - To	Year of Passing	Aggregate Marks (%)	Division Obtained
X Class						
XII Class						
Graduation #						
Post graduation #						
Others (Eg. CA, M. Phil etc)						

If it is an affiliated college, please mention the name of the University it is affiliated with

V. WORK EXPERIENCE

(Attach certificate of work experience. Please indicate special achievements, if any)

Employer's Name & Address	Period of Service (i.e, Date of joining & Date of leaving)	Designation	Area of Work
.....
.....

.....
Total Experience in Months: Teaching _____ Non Teaching: _____

VI. AWARDS AND RECOGNITION

List distinctions, honors, scholarships and awards (academic, extra-curriculum and co-curricular activities)

Awards	Date	Basis of Selection
.....
.....

VII. HAVE YOU PUBLISHED ANY RESEARCH PAPERS?

Yes NO If "yes", please give details

Title/Topic of Research:

Journal / Magazine..... Date :.....
(If space is not sufficient, enclose the list on a separate sheet)

VIII. NAMES AND ADDRESSES OF TWO REFERENCES (Not being relatives)*

A. Name : Mr/Ms	B. Name : Mr./Ms.....
(Underline Surname)	
Qualifications:	Qualifications:
Organization :	Organization
Designation:	Designation:
Mailing Address :	Mailing Address :
.....
Tel. No. (Off)(Res).....	Tel. No. (Off)(Res).....
(City Code) - (Area Code) - Number	(City Code) - (Area Code) - Number
Mob. No.:	Mob. No.:
Email :	Email :

Both the references should have knowledge of your Academic Experience Record.

IX. If you are a current employee of ICFAI, mention the particulars. Your unit head should forward your application.

Designation of the Employee..... Place:.....

Forwarded by : (Name) Designation:.....

..... Unit:.....

..... (Signature) Place:.....

(The unit head is requested to enclose a letter commenting on the suitability of the candidate for this Program)

X. DECLARATION

I certify that I satisfy all the requirements for admission to the Ph. D Program of the ICFAI University. I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I also understand that the decision of the Admissions Committee regarding my admission will be final.

Place :

Date :

Signature of Applicant