



MANGALAYATAN UNIVERSITY

Learn Today to Lead Tomorrow

(Established by the Government of Uttar Pradesh as per Section 2(f) of UGC Act 1956)

Extended NCR, 33rd Milestone, Aligarh-Mathura Highway,

Beswan, Aligarh-202145 (U.P) India

Website: www.mangalayatan.in/

Email: researchmu@mangalayatan.edu.in

Entrance Exam Form for Admission to the Ph.D Programme (Full/Part-Time) SESSION: January 2023

Please affix your
self-attested
recent photograph

1. PERSONAL

Name																							
Father's Name																							
Mother's Name																							
AGE			DOB			DATE			MONTH			YEAR											
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender																						
Category:	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> Scheduled Caste <input type="checkbox"/> Scheduled Tribe <input type="checkbox"/> Others																						
Religion:	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Others																						
ARE YOU Physically Disabled?		<input type="checkbox"/> No		<input type="checkbox"/> Yes, If Yes, Please Specify disability																			
Aadhar No.												Nationality:											
Permanent Address										Postal Address													
State					Pin code					State					Pin code								
<input checked="" type="checkbox"/> With Area Code																							
Email																				@			

2. Discipline of Study.....

3. Topic of Intended Ph.D. Study (only for Ph.D. Candidates)

4.

Whether Qualified	<input type="checkbox"/> UGC NET	<input type="checkbox"/> SLET	<input type="checkbox"/> M.Phil	<input type="checkbox"/> ICRA TEST
If Qualified	Discipline		Certificate No & Date (enclose copy)	

I confirm that all entries in application and the appended documents ARE TRUE IN ALL ASPECTS and that the STUDY PROPOSAL HAS BEEN PREPARED BY ME. I understand that any information / document if found to be false, will automatically cancel my candidature and render me liable for such action as the University may deem fit.

Signature of Candidate:

Date:

5. ACADEMIC RECORD Please encloses self-attested copies of all Mark -Sheets & Degree Certificate s.

CLASS 10th	Year of Passing		Board		<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
			Marks Obtained		<input type="checkbox"/> STATE BOARD	
			Maximum Marks		% of Marks	
CLASS 12th	<input type="checkbox"/> Science	<input type="checkbox"/> Arts	Board		<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
	<input type="checkbox"/> Commerce		Marks Obtained		<input type="checkbox"/> STATE BOARD	
	Year of Passing		Maximum Marks		% of Marks	
Bachelor's (Specify)	Discipline		College		University	
	Year of Passing		Marks Obtained		% of Marks	
			Maximum Marks			
Master's (Specify)	Discipline		College		University	
	Year of Passing		Marks Obtained		% of Marks	
M.Phil	Discipline		College		University	
	Year of Passing		Marks Obtained		% of Marks	

6. RESEARCH / TEACHING EXPERIENCE / WORK EXPERIENCE

From	To	Organisation	Position	Job Description

7. PUBLICATIONS (use a separate sheet if necessary) Enclose copies / Re -Prints

Title of Paper	Journal	Vol. Month & Year	Co Author (If any)

8. FEEDBACK: How did you come to know about the Program

MU Advertisement	in				
Press Announcement	in				
Friends		Own Institution		Internet	

CHECKLIST OF ENCLOSURE		<input type="checkbox"/> Mark & Tag in this Order
<input type="checkbox"/> 1. Research Proposal	<input type="checkbox"/> 2. Copies of Mark -Sheets	
<input type="checkbox"/> 3.Copies of Publications	<input type="checkbox"/> 4. DD for INR 1500/-	

Signature of Candidate:

Date:



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HALL TICKET

Ph.D. PROGRAMME: SESSION : January 2023

Office Copy

NAME: _____
FATHER'S NAME: _____
Address for Correspondence: _____

Contact No.: (M) _____ (R) _____
Last Qualification with Percentage: _____
Choice of Examination Center: _____
Signature of Candidate: _____

Please affix you
self-attested
recent photograph

(For Office Use, Only)

Application form checked and found eligible / not eligible / exempted for Entrance Examination.

Remarks: _____

A Fee of INR 1500/- (INR One Thousand Five Hundred Only) received as Application Form and Processing Fee.

Receipt No.: _____ Date: _____ DD/Cash _____ Checker _____ Cashier _____



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NAME: _____
FATHER'S NAME: _____
Discipline of Research: _____
Subject in Post-Graduation: _____
Contact No.: (M) _____ (R) _____
Last Qualification with Percentage: _____
Choice of Examination Center: _____
Roll No.: _____ Date: _____ Time: _____

Please affix you
self-attested
recent photograph

Signature of Candidate: _____

Student Copy

University
Seal with
Signature