



KARNATAKA STATE OPEN UNIVERSITY
MUKTHAGANGOTRI, MYSURU - 570 006

APPLICATION FOR Ph.D PROGRAMME (Form -A) 2023-24
(Regular Mode Only)

Subject: _____ Full Time Part Time (Tick appropriate)

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Photo

1	Name (In capital letters)						
2	Address for Communication						
3	Mobile Number and E- Mail ID						
4	Date of Birth (as per SSCL marks card)						
5	Gender		Male/Female/Transgender (Tick)				
6	Nationality						
7	Aadhar Number						
8	Category claimed for Reservation		GM/ SC/ ST/ Cat-1/ OBC/ Sply Enabled /HK/International (Specify the Category)				
9	Details of Qualifying Examination						
	Name of the programme	Subject	University	Year of Passing	Marks Obtained	Percentage	Specialization
10	UGC NET/CSIR/JRF/GATE/M.Phil						
11	Proposed Title of Research						
12	Particulars of Fee Paid		Amount				
			Journal No.				
			Date				
			Place				

I hereby confirm that all the information furnished by me is true to the best of my knowledge. If it is false, action can be initiated against me.

Date:

Place:

(Signature of the Candidate)

Enclosure (Tick Appropriate)

- Date of Birth
- Aadhar Card
- Caste/Category Certificate
- S.S.L.C Marks Card and 10+2 marks card
- Marks card of Qualifying Examination and under graduate examination
- Passport Size Photos
- Chalan Copy
- UGC NET/JRF/GATE Certificate
- Degree certificates