


KARNATAKA STATE OPEN UNIVERSITY
 MUKTHAGANGOTRI, MYSURU - 570 006

APPLICATION FOR Ph.D PROGRAMME (Form –A)
(Regular Mode Only)

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Subject: _____ Full Time Part Time (Tick appropriate)

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/OBC (Specify the Category)					
9	Details of Qualifying Examination						
	Name of the course	Subject	University	Year of Passing	Marks Obtained	Percentage	Specialization
10	UGC NET/SLET/ JRF/GATE/M.Phil						
11	Proposed Title of Research						
12	Particulars of Fee Paid	Amount					
		Challan No.					
		Date					

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)

1. Date of Birth
2. Aadhar Card
3. Caste/Category Certificate
4. S.S.L.C Marks Card and 10+2 Marks Cards
5. Marks cards of Qualifying Examination (All Years of Graduate and Post Graduate)
6. Passport Size Photos
7. Chalan Copy
8. UGC NET/SLET/JRF/GATE Certificate
9. Degree Certificate