



Indira Gandhi Technological And Medical Sciences University

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

Ziro-791120, Arunachal Pradesh (INDIA)

Website: www.igtamsu.ac.in

Email: info@igtamsu.ac.in

Form No.....

ENTRANCE EXAMINATION FORM FOR ADMISSION TO

Ph.D. / D.Sc. / D.Lit. Programme

Session 2018-19

Please affix your
recent photograph

DEPARTMENT & PROPOSED RESEARCH TOPIC

Faculty to which you are applying _____

Proposed Research Subject/Area _____

Proposed Supervisor _____

PERSONAL INFORMATION

Name of Applicant _____

Father's Name _____

Mother's Name _____

Age _____ (years) Date of Birth _____ [dd/mm/yyyy] Gender Male/Female

Adhaar Card No. _____ Category General/ST/SC/APST

Physically Handicapped Yes/No Type of disability _____ % of disability _____

CONTACT DETAILS

PERMANENT ADDRESS

City/Town _____ District _____

State _____ Country _____ Postal Code _____

ADDRESS FOR CORRESPONDENCE

City/Town _____ District _____

State _____ Country _____ Postal Code _____

PHONE NUMBER DETAILS

Landline _____ [With Area Code]

Applicant's Mobile No. _____ E-MAIL _____

ACADEMIC RECORD

Exam/Degree	Subjects	Institute/University	Year of Passing	% of Marks/CGPA
Graduate				
Post Graduate				
Any other(Pls specify)				

Studied previously at IGTAMSU? YES/NO If yes, Enrolment No. _____

RESEARCH/EXPERIENCE ETC

Whether Qualified UGC NET/ SLET / M.Phil.

If Qualified Discipline _____ Certificate No. _____ Date _____ (attach copy certificate)

RESEARCH/TEACHING EXPERIENCE (attach extra sheet if necessary)

From	To	Organisation	Position	Job Description

EXAMINATION CENTER AND DEMAND DRAFT DETAILS

Choice for Examination Center _____

Demand Draft in favour of **"INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY"**
 amount INR 5500.00 [RUPEES FIVE THOUSAND AND FIVE HUNDRED] drawn upon
 _____ (name of the bank) _____ (branch) _____ (dated)
 _____ payable at Ziro , OR the fee may be directly deposited through **NEFT** [A/c Name :
 INDIRA GANDHI TMS UNIVERSITY ; A/c No.- 4717101001221 ; Bank : CANARA BANK, ZIRO BRANCH
 IFSC Code No.: CNRB0004717] Transaction ID _____ *attach copy of bank counter
 foil. [NOTE : DIRECT CASH DEPOSIT IN THE BANK ACCOUNT IS STRICTLY PROHIBITED]*

Enclosures: DD, self attested copy of mark sheets / Degrees / certificate of matriculation

DECLARATION BY THE APPLICANT

Certified that all information provided by me in the form is correct to the best of my knowledge and belief, I undertake that any wilful misrepresentation of the fact will result in my dismissal from doctoral programme. If admitted, I shall abide by all the rules and regulations of the University.

Date: _____

Signature of Applicant

INR 500/-