



BHUPAL NOBLES' UNIVERSITY UDAIPUR (RAJ.)

Application Form for Research Entrance Test (RET-2021)
(To be filled in by the candidate)

Photo

Ph.D. admission to be sought in:

A. Subject/Discipline _____ B. Faculty _____

1. Name of candidate (in BLOCK letter) _____

2. Father's Name/Husband's Name _____

3. Mother's Name _____

4. Permanent Address _____

5. Correspondence Address: _____

Email Id : _____ Mobile No. _____

Phone No. with STD Code (R) _____ (O) _____

6. Date of birth : _____ 7. Nationality _____

8. Whether belongs to GEN/SC/ST/OBC/PH/Others: _____

9. Gender (Please Tick $\sqrt{\quad}$) Male Female

10. Educational qualification Secondary onwards. (Submit attested copies of all testimonials) :

Name of Examination	Year	University/Board	% of Marks/Grade points with Division	Subject/ Specialization
PG				
UG				
XII				
X				

11. Whether eligible for exemption from admission test: Yes No

If yes, mention the category under which you are exempted in the table below: (Submit attested copies of testimonials)

Name of Test/Exam Passed	Subject	Year	% of Marks/Grade points	Period of Validity of the Test
UGC/CSIR NET (JRF)				
UGC/CSIRNET (Lectureship)				
SLET				
GATE/SET/GPAT				
M. Phil.				

12. Tick the category of candidature sought: Full Time: Part Time:

13. If employed, details of employment:

Organization	Duration	Position Regular/Temporary	Nature of Duties

14. Specialized training (if any) : _____

15. Scholarship/fellowship awarded for research (if any) : _____

16. List of publication : _____

17. Subject offered at the Post-graduate degree and the name of the faculty:

a. Subject _____ b. Faculty _____

Faculty for Ph.D. admission test: _____

(Select your faculty from the list in which Ph.D. admission test will be conducted)

18. Details of application form fee and admission test deposited:

Fee (Rs.) _____ Vide Receipt No. _____ Date _____ in the
Cash/ DDNo. _____

Name of Bank _____

I solemnly declare that the above information is true. In case any information is found false, my candidature may be cancelled.

Date: _____

Place: _____

Signature of the Candidate

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Eligible to appear in the Ph.D. Admission Test: _____

Roll No. _____ Date of Examination _____

Examination Centre _____

Exempted from Ph.D. Test/NOT Eligible for exemption: _____

Signature