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| Ph.D. Registration Form | | | | | | | | |  | Self-Attested Passport size Photo | | | | | | | |
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| Registration No:  (Official use only) | | | | | | | | |  |
| *Important: Read the form carefully before filling and attaching the required documents.*  Registration Fee Details  Receipt /Demand Draft No.……………… ……… Date of Issue: ……………  Amount: Rs.…………  Issuing Bank:………………  Branch:……………………  (The Demand Draft should be in favor of The Finance Officer, **NECU, Nagaland payable** at Dimapur, **Nagaland**.) | | | | | | | | | | | | | | | | | |
| 1. Faculty: (See the list) 2. Department: 3. Area of Study: 4. Date of Enrollment | | | |  | | | | | | | | | | | | | |
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| Date | | | | Month | | Year | | | | | | | |
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| 5. NAME OF CANDIDATE: | | | | | | | | | | | | | | | | | |
| (in English) (in Block Letters) |  | | | | | | | | | | | | | | | | |
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| (in Hindi) |  | | | | | | | | | | | | | | | | |
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| 6. DATE OF BIRTH: | | Date | | | | | | Month | | | | Year | | | | | |
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| 7. FATHER’S NAME: | | | | | | | | | | | | | | | | | |
| (in English)  (in Block Letters) |  | | | | | | | | | | | | | | | | |
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| (in Hindi) |  | | | | | | | | | | | | | | | | |
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| 8. MOTHER’S NAME: | | | | | | | | | | | | | | | | | |
| (in English) (in Block Letters) |  | | | | | | | | | | | | | | | | |
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| (in Hindi) |  | | | | | | | | | | | | | | | | |
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| 9. Permanent Address: | | | | | | | | | | | | | | | | | |
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| 10. MAILING ADDRESS: | | | | | | | | | | | | | | | | | |
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| 11. TELEPHONE NUMBER: | | | | | | | | | | | | | | | | | | | | | | |
| Mob. (1) |  | | | | Mob. (2) |  | | | | | | Landline  (if any)  (3) | | | |  | | | | | | |
| 12. E-MAIL: | | 1. | | | | | | | 2. | | | | | | | | | | | | | |
| 13.STATE: | |  | | | | | | | COUNTRY | | | | | | | | | |  | | | |
| 14.CATEGORY (Encircle the appropriate box): | | | | | | | | | SC | | | | ST | | | | OBC | | | GEN | | |
| 15.GENDER (Encircle the appropriate box): | | | | | | | | | | Male | | | | | | | | Female | | | | |
| 16. Religion (optional): | | | |  | | | | | |  | | | |  | | | |  | | |  | |
| 17. DETAILS OF QUALIFYING EXAMINATION (S) (Attested copies MUST be attached): | | | | | | | | | | | | | | | | | | | | | | |
| Qualifying Examination | | | Subject/Group/ Branch of Study | | | University | | Year | | | %Marks/ CGPA | | | | Division | | | | | | | |
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| 18. DETAILS OF EMPLOYMENT (updated): (if applicable) in chronological order. | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | From | To | | Designation | | | | | | | | Nature of Responsibilities | | | | | | | | |
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| 19. DETAILS OF RESEARCH PUBLICATIONS (updated): (if any) (Attach the reprints) | | | | | | | | | | | | | | | | | | | | | | |
| Author(s) | | | Title of the Paper | | | | Journal/ Conference | | | | | | Volume, No. Page (s) | | | | | | | | | Year |
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DETAILS ABOUT PROPOSED RESEARCH AND SUPRVISOR(S)

1. **RESEARCH TOPIC** (Attach synopsis duly signed by) Supervisor (s): ……………………………………………………………………

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1. NAME (s) of SUPERVISOR (s) (Attach complete bio-data of supervisor (s)): 1. Name: …………………………………………………………………………..

Qualifications: …………………………………………………………………….

Designations: ………………………………. Exp ………………………………

Department: ……………………………………………………………..............

………………………………………………………Pin ………………………..

Mobile No. ………………………… Email: …………………………………….

# (Supervisor Sign)

**2.** Name: ……………………………………………………………………………..

Qualifications: ……………………………………………………………………….

Designations: ………………………………. Exp …………………………………

Institute Name: ……………………………………………………………………..

…………………………………………………………..Pin ……………………….

Mobile No. ………………………… Email: ……………………………………….

# (Co Supervisor Sign)

1. **PROPOSED PLACE OF WORK:** (Attach NOC duly signed by Director):

…………………………………………………………………………………………………………………….

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………………………………………………………………………………………………………………

Signature

(Director/Principal of Proposed Place of Research Work)

Name: Seal :

# DECLARATION BY THE CANDIDATE

* 1. **I declare that I have read** the rules, the relevant Ph.D. Ordinance and undertake to abide by them and will not claim any benefit out of some error or mistake on the part of the University Office.
  2. I hereby declare that the entries furnished in the form and enclosures are true to the best of my knowledge and faith. In case any entry in this form is found to be false, I will have no objection if the University disqualifies me from the programme and/or debars me from seeking admission to any programme of the University even at a later stage.
  3. I hereby declare that I shall abide by the rules and regulations of the University issued from time to time.

Place: Full Signature of Candidate

Date:

LIST OF ENCLOSURES

1.

2.

3.

4.

5.

6.

Full Signature of Candidate: …………………

Name: …………………………………………….

