



USHA MARTIN UNIVERSITY

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

(Member of Association of Indian Universities, AIU)

At Village Narayansoso, Near Angara Block Office,
Ranchi - Purulia Highway, Angara, Ranchi - 835103, Jharkhand

Website: www.UshaMartinUniversity.com

Email: info@UshaMartinUniversity.com

Entrance Exam Form for Admission to the Ph.D. Programme (Full/Part-Time) SESSION - 2020

Please affix your
self-attested
recent photograph

1. PARTICULARS OF THE CANDIDATE

Name																	
Father's Name																	
Mother's Name																	
AGE	DOB			DATE			MONTH			YEAR							
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male						Category: <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> Scheduled Caste <input type="checkbox"/> Scheduled Tribe											
ARE YOU Physically Disabled?				<input type="checkbox"/> No		<input type="checkbox"/> Yes, If Yes, Please Specify disability											
Permanent Address									Postal Address								
State									Pin Code			State			Pin Code		
☎ With Area Code								Mobile									
Email @																	

2. Discipline of Study (i.e. Management, Computer Science, English, Mathematics, Physics, Commerce and Education).

3. Topic of Intended Ph.D. Study (only for Ph.D. Candidates)

4.

Test Qualified	<input type="checkbox"/> UGC NET	<input type="checkbox"/> SLET	<input type="checkbox"/> M.Phil	<input type="checkbox"/> ICRA TEST
If Qualified	Discipline		Certificate No & Date (enclose copy)	

I confirm that all entries in application and the appended documents ARE TRUE IN ALL RESPECT and that the STUDY PROPOSAL HAS BEEN PREPARED BY ME. I understand that any information / document if found to be false, will automatically cancel my candidature and render me liable for such action as the University may deem fit.

Signature of Candidate:

Date:

5. ACADEMIC RECORD Please enclose self-attested copies of all Marks-Sheets & Certificates.

CLASS 10th	Year of Passing		Board	<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
			Marks Obtained	<input type="checkbox"/> STATE BOARD	
			Maximum Marks	% of Marks	
CLASS 12th	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Commerce	Year of Passing	Board	<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
			Marks Obtained	<input type="checkbox"/> STATE BOARD	
			Maximum Marks	% of Marks	
Bachelor's (Specify)	Discipline	Year of Passing	College	University	
			Marks Obtained	% of Marks	
			Maximum Marks		
Master's (Specify)	Discipline	Year of Passing	College	University	
			Marks Obtained	% of Marks	
M.Phil	Discipline	Year of Passing	College	University	
			Marks Obtained	% of Marks	

6. RESEARCH / TEACHING EXPERIENCE / WORK EXPERIENCE

From	To	Organisation	Position	Job Description

7. PUBLICATIONS (use a separate sheet if necessary) Enclose copies / Re-Prints

Title of Paper	Journal	Vol. Month & Year	Co Author (If any)

8. FEEDBACK: How did you come to know about the Program

UMU Advertisement	in				
Press Announcement	in				
Friends		Own Institution		Internet	

CHECKLIST OF ENCLOSURE <input type="checkbox"/> Mark & Tag in this Order			
<input type="checkbox"/> 1. Research Proposal	<input type="checkbox"/> 2. Copies of Marks-Sheets		
<input type="checkbox"/> 3. Copies of Publications	<input type="checkbox"/> 4. DD for INR 2500/-		

Signature of Candidate: _____

Date: _____



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HALL TICKET Ph.D. PROGRAMME: SESSION 2020

Student Copy

NAME: _____

FATHER'S NAME: _____

Address for Correspondence: _____

Contact No.: (M) _____ (R) _____

Last Qualification with Percentage: _____

Examination Center: **UMU Campus, Khunti Road / NCR Delhi**

Signature of Candidate: _____

Please affix you
self-attested
recent photograph

(For Office Use, Only)

Application form checked and found eligible / not eligible / exempted for Entrance Examination.

Remarks: _____

A Fee of INR 2500/- (INR Two Thousand Five Hundred Only) received as Application Form and Processing Fee.

Receipt No.:

Date:

DD/Cash

Checker

Cashier



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Website: www.UshaMartinUniversity.com, Email: info@UshaMartinUniversity.com

NAME: _____

FATHER'S NAME: _____

Discipline of Research: _____

Subject in Post-Graduation: _____

Contact No.: (M) _____ (R) _____

Last Qualification with Percentage: _____

Choice of Examination Center: _____

Roll No.: _____ Time: _____

Please affix you
self-attested
recent photograph

Signature of Candidate: _____

Office Copy

