



**NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI – 620 015, TAMIL NADU**

**APPLICATION FOR ADMISSION TO Ph.D. PROGRAMMES
(2012 – 2013)**

Registration Number: _____

(for office use only)

Demand Draft Details : D.D.No. _____ Date: _____

Amount Rs. _____ Bank Drawn: _____

Affix a recent
Passport Size Photo
(Attested)

DEPARTMENT	
AREA OF RESEARCH	/ /

(USE CAPITAL LETTERS)

1	Name of the Candidate				
	Father's / Guardian's / Husband's Name				
	Date of Birth (DD-MM-YYYY)		Age:	Years	
	Sex (<i>strike out the inappropriate</i>)	Male / Female	Marital Status	Married / Single	
2	Category (<input checked="" type="checkbox"/> in the appropriate)	OP <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
3	Physically Challenged (PH) (Persons with disability of 40% and above)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
4	Nationality				

5	Address for Communication		Permanent Address	
	Land Line:		Mobile:	
	E-Mail ID:			

6. Educational Qualifications

Qualifying Degree Particulars [#]	UG	PG
Name of the Degree		
Branch / Specialization		
Percentage of Marks / CGPA		
Class (Honours / Distinction / First / Second)		
Name of the Institution		
Name of the University		
Year of Passing		

7	GATE/NET/SLET/CSIR/CAT/UGC (if applicable)	Score / Rank		Year Appeared	
8	Title of P.G. Project				
9	Details of publication in refereed journals/ Proceedings of Conference (Please add separate sheet, if needed)				

10. Details of Professional Experience^{\$} :

Name & Address of Employer	Position Held	Duration	
		From	To

I do hereby declare that the information given in this application are true and correct to the best of my knowledge.

Date:

Signature of the Applicant

Attach photocopies of certificates

\$ Attach photocopies of certificate(s)

Note: If any of the particulars furnished above are found to be incorrect at the time of admission, the admission will be cancelled.

**NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI – 620 015, TAMIL NADU**

Ph.D. ENTRANCE EXAMINATIONS – 2012-13

ADMIT CARD

Name of the Candidate : _____

Signature of the Candidate: _____



FOR OFFICE USE

Registration Number :

--	--	--	--	--	--	--	--

Department : _____

Examination Date : _____ Time: _____

HoD / Admission Co-ordinator

Seal

ADDRESS SLIPS

(All the slips should be filled by the candidate with the same address for communication)
(IN BLOCK LETTERS)

To

Mr. / Ms.....

.....

.....

.....

PIN.....

To

Mr. / Ms.....

.....

.....

.....

PIN.....

To

Mr. / Ms.....

.....

.....

.....

PIN.....

To

Mr. / Ms.....

.....

.....

.....

PIN.....

CHECK LIST

List of Enclosures (Xerox Copies)

1. Application fee (DD)
2. GATE/UGC/NET/CAT/AIMA/CSIR/NBHM Score card (if applicable)
3. Photograph (Affixed)
4. Degree / Provisional certificate / Mark sheets
5. OBC / SC / ST and PH Certificates (if applicable)
6. Sponsorship certificate / Relieving order (If applicable)
7. Experience Certificate (If applicable)