



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

**APPLICATION FOR ADMISSION TO Ph.D PROGRAMMES
(2008 – 2009)**

Registration Number: _____

(for office use only)

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

Amount Rs. _____ Bank Drawn: _____


Application for Ph.D : Full Time / Part Time*

Space for Photo
(Passport Size)
(Attested)

DEPARTMENT	
SPECIALIZATION	

(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	Martial Status	Married / Unmarried	
2	Physically Challenged (PH)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
3	Community (<input checked="" type="checkbox"/> in the appropriate)	OC <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
4	Nationality				

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

*Part time - for candidates from Institutes having MOU with NITT or candidates from Govt. R&D Labs only
For Humanities Department in addition to above, the permanent faculty from Govt. & Govt. aided Institutions residing around 50 km. from Tiruchirappalli.

Call for written test and interview will be sent by e-mail and post.
Admission is done in two times a year one for **July** and another for **January** session
Last date for receipt of filled in application for July session : 23, May 2008

6. Qualification Details

Qualified 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		Year Appeared	
8	Title of P.G. Project			
9	Area of Research Interest			
10	Details of publications in refereed journals / Proceedings of seminar / Conference (Please add separate sheet, if needed)			

11. Details of Professional Experience[@]:

Name & Address of Employer	Position Held	Duration	
		From	To

I 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 sponsorship certificate (if applicable)*
Note: Attach Photocopy of necessary certificates

**Ph.D ADMISSIONS
ENTRANCE EXAMINATION 2008-2009**

ADMIT CARD

Name of the Candidate : _____

Signature of the Candidate: _____

Space for Photo
(Passport Size)
(Attested)

FOR OFFICE USE

Registration
Number

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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)

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