



**UNIVERSITY OF CALCUTTA**

Application Form for the Admission Test of the Ph.D. Programme

Department / Centre .....

Name (in block letters) :

Date of Birth :

Father's Name :

Marital Status :

Whether SC/ST/OBC/  
Physically Challenged :

Nationality :

Address for Communication : :

Phone No. :

E-mail ID :

Academic Qualifications :

Name of the Examinations	Year	Board /University	Subjects taken	Div./Class	% of Marks

Whether qualified in NET/GATE/equivalent examination:

Signature of the applicant with date:

\*Candidates are requested to deposit application fee of Rs.100/- by cash duly filled in C.U. Challan, endorsed by the Head of the Department.

\*\* Original documents may be asked for as and when required by the appropriate authority.