UNIVERSITY OF CALCUTTA

Information Sheet for Online Registration of M. Phil. / Ph.D. Candidates for SVMCM Scholarship
[Please see https://svmcm.wbhed.gov.in/page/application_procedure.php for details]

For Ph. D. Candidates:

Name of Applicant: First Name Middle Name Last Name

Gender: □ Female □ Male □ Others

Category: □ GEN □ SC □ ST □ OBC □ PWD (Divyang)

Department/ Centre: _____

Discipline: □ Arts □ Commerce □ Science □ Others _____

Subject: _____

Ph.D. Registration No.: _____

Date of Registration: ____ / ____ / _____ Validity of Registration up to: ___/___/___

Date from which SVMCM is claimed: ___ / ___ / _____

Mobile Number of Applicant: __ __ __ __ __ __ __ __ __ __ (Should not be changed)

E-mail of Applicant: _____@_____

Name of Bank: _____

Account Number: _____

IFSC Code: _____

Branch: _____

(Please attach a photocopy of University Registration Certificate)

Signature of Applicant

Signature of HOD/Coordinator/Director (with Seal)