

5. ACADEMIC RECORD Please encloses self-attested copies of all Mark-Sheets & Degree 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	Board		<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
	<input type="checkbox"/> Commerce		Marks Obtained		<input type="checkbox"/> STATE BOARD	
	Year of Passing		Maximum Marks		% of Marks	
Bachelor's (Specify)	Discipline		College		University	
	Year of Passing		Marks Obtained		% of Marks	
			Maximum Marks			
Master's (Specify)	Discipline		College		University	
	Year of Passing		Marks Obtained		% of Marks	
M.Phil	Discipline		College		University	
	Year of Passing		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

MU 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 Mark-Sheets
<input type="checkbox"/> 3. Copies of Publications	<input type="checkbox"/> 4. DD for INR 5000/-

Signature of Candidate:

Date:



MANGALAYATAN UNIVERSITY

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

Extended NCR, 33rd Milestone Mathura-Aligarh Highway,
Beswan Aligarh-202145 (U.P) India.

Website: www.mangalayatan.in/, E-Mail: researchmu@mangalayatan.edu.in

HALL TICKET

Ph.D. / M.Phil. PROGRAMME: SESSION: 2020

Office Copy

NAME: _____

FATHER'S NAME: _____

Address for Correspondence: _____

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

Last Qualification with Percentage: _____

Choice of Examination Center: _____

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 Rupees only) received as Application Form and Processing Fee.

Receipt No.:

Date:

DD/Cash

Checker

Cashier



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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.: _____ Date: _____ Time: _____

Signature of Candidate: _____

Student Copy

Please affix you
self-attested
recent photograph

University
Seal with
Signature