CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT CAMPUS, Off Nadiad-Petlad Highway, Changa – 388421, Gujarat.
Ph# 91-2697-265034
E-mail: coordinator.urc@charusat.ac.in Web: www.charusat.ac.in

		PDF	Apı	plicatio	n Form				
Resear	ch Area:						_		
1. 2.	Name of Applicant in full (as in qualifying degree certificate):								
	Pin								
	Email:								
	Telephone: Mobile:								
3.	Date of Birth (DD-MM-YYYY) (Please attach proof of age):								
4.	Father's Name: Mother's Name:								
5.	Gender: Male Female 6. Marital Status:								
7.	Title of Thesis:								
	University:								
	Year of Thesis submitted / PhD Degree:								
8.	Details of academic record								
	Examination	Name of the Examination Passed	University		Passing Year	Subjects	% of marks or CGPA	Division or Class	
	Master's Degree	rasseu					CGFA	Class	
9.	Whether cleared any National Eligibility Test? Yes No								
10	If yes then give the details as under:								
	Name of Examination			Score/Percentile		le Val	Validity Period (if applicable)		
11.	Abstract of Thesis/ Pro (Attach a Separate Sh		rofess	sional Exp	erience / Ot	her achiever	nents / List of I	Publications:	
			D	eclaratior	1				
I declar underst	re that all information p and that I am liable for p	provided by me in prosecution if any	n the of the	applicatio informatio	n is true to on is found	the best o to be false a	my knowledg tany time in fu	ge and belief. I ture.	
							Signature of	f the Applicant	

Page 1 of 1 PDF advt. 2021