

STUDENT FORM



RESEARCH INFORMATION

Proposed Area of Research:

CANDIDATE INFORMATION

Name:

Father's Name:

Mother's Name:

Date of Birth: / /

Gender:

Nationality:

CONTACT INFORMATION

Mobile Number:

Email Address:

Present Address:

Zip Code:

Permanent Address:

Zip Code:

EDUCATIONAL QUALIFICATION

Qualification	Board/ Institution	Grade	Year of Completion
10 th /Senior Secondary			
12 th /Higher Secondary			
Graduation			
Post Graduation			
Others			

PROFESSIONAL INFORMATION

Current Profession / Job Title / Entrepreneur:

Work Experience (in years):

Companies/ Institutions:

Achievements & Awards:

EXISTING RESEARCH (IF ANY)

If Taken Admission in Research Program in any other University (Mention University Name & Session):

Research Thesis Title:

Total Research Papers Published:

Fields of Research Papers:

Seminars/ Conferences Attended:

Kindly provide the Relevant Documents, Research Papers & Seminar/Conference Certificates.

CONSENT & AGREEMENT

- I certify that the above information is true & correct to the best of my knowledge.
- I agree to follow all rules and regulations of ShodhSutra.

Documents Submitted: Passport Size Photo ID Proof Proof of Address
 Senior Secondary Certificate Higher Secondary Certificate
 Graduation Certificate Post Graduation Certificate
 Seminar Certificates Research Papers

Date: / /

Signature: _____