

I HEREBY APPLY FOR REGISTRATION AS A PH.D STUDENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN Faculty Of Arts OF JADAVPUR UNIVERSITY IN THE DEPARTMENT OF Physical Education AND SUBMIT BELOW THE REQUISITE DETAILS, IF ACCEPTED I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE UNIVERSITY. PARTICULARS GIVEN BELOW ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

1. NAME(ACCORDING TO SCHOOL LEAVING CERTIFICATE): Glen Maxwell

2. DATE OF BIRTH: 1996-07-19

SEX: male

MARITAL STATUS: married

3. FATHER'S NAME/MOTHER'S NAME: Xyz Maxwell

4. CATEGORY: sc

5. NATIONALITY: Australian

6. PERMANENT ADDRESS:

Sydney

7. ADDRESS FOR COMMUNICATION:

Melbourne

MOBILE NUMBER: 1234567890

PHONE NUMBER:

EMAIL: glenmaxwell@gmail.com

8. PARTICULARS OF ACADEMIC CAREER

					Total	
Name of the	Examination	Name of	Major	Year of	marks	%

Examination	passed	Institution/University	discipline	passing	obtained	(Marks/CGPA)
Madhyamik or Equivalent	2010	Sydney School	XYZ	2010	100	10
Higher secondary or Equivalent	2012	Sydney School	XYZ	2012	98	9.8
Bachelor degree	2016	Melbourne College	XYZ	2016	96	9.6
Master degree						
Post master degree						
M.Phil(Two year regular course)						

- 9. WHETHER QUALIFIED FOR NET/SET/GATE/ANY OTHER EQUIVALENT EXAMINATION:
- 0. PRESENT EMPLOYMENT
 - (A) NAME OF ORGANISATION:
 - (B) NATURE OF WORK:
- II. PROPOSED RESEARCH WORK
 - (A) PROPOSED AREA/THEME OF RESEARCH:

IPL analytics

(B) DEPARTMENT/SCHOOL/INSTITUTE WHERE THE PROPOSED RESEARCH WORK IS TO BE CARRIED ON WITH ADDRESS:

Melbourne University

2. NAME OF SUPERVISORS(RECOMMENDED BY PHD RESEARCH COMMITTEE)

(1)NAME: ASISH PAUL

DESIGNATION: ASSOCIATE PROFESSOR

(2)NAME:

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