



# MANGALAYATAN UNIVERSITY

## Learn Today to Lead Tomorrow

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

NH-30, Mandla Road, Near Sharda Davi Mandir, Richai,  
Barela, Jabalpur, Madhya Pradesh-483001  
Website: www.mangalayatan.ac.in  
E-mail: research@mangalayatan.ac.in

### Entrance Exam Form for Admission to the Ph.D Programme (Full/Part-Time) SESSION: January 2024

Please affix your  
self-attested  
recent photograph

#### 1. PERSONAL

Name																																				
Father's Name																																				
Mother's Name																																				
AGE	DOB						DATE						MONTH						YEAR																	
Gender:	<input type="checkbox"/> Female						<input type="checkbox"/> Male						<input type="checkbox"/> Transgender																							
Category:	<input type="checkbox"/> General						<input type="checkbox"/> OBC						<input type="checkbox"/> Scheduled Caste						<input type="checkbox"/> Scheduled Tribe						<input type="checkbox"/> Others											
Religion:	<input type="checkbox"/> Hindu						<input type="checkbox"/> Muslim						<input type="checkbox"/> Sikh						<input type="checkbox"/> Christian						<input type="checkbox"/> Jain						<input type="checkbox"/> Others					
ARE YOU Physically Disabled?	<input type="checkbox"/> No						<input type="checkbox"/> Yes, If Yes, Please Specify disability																													
Aadhar No.													Nationality:																							
Permanent Address												Postal Address																								
State												Pin code						State						Pin code												
With Area Code												Mobile																								
Email												@																								

2. Discipline of Study.....

3. Topic of Intended Ph.D. Study (only for Ph.D. Candidates)


#### 4.

Whether Qualified	<input type="checkbox"/> UGC NET						<input type="checkbox"/> SLET						<input type="checkbox"/> M.Phil						<input type="checkbox"/> ICRA TEST								
If Qualified	Discipline												Certificate No & Date (enclose copy)														

I confirm that all entries in application and the appended documents ARE TRUE IN ALL ASPECTS and that the STUDY PROPOSAL HAS BEEN PREPARED BY ME. I understand that any information / document if found to be false, will automatically cancel my candidature and render me liable for such action as the University may deem fit.

Signature of Candidate:

Date:

5. ACADEMIC RECORD Please enclose self-attested copies of all Mark -Sheets & Degree Certificate s.

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 <input type="checkbox"/> Commerce		Board		<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
			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 1500/-	

Signature of Candidate:

Date:



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## HALL TICKET

Ph.D. PROGRAMME: SESSION: January 2024

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 1500/- (INR One Thousand Five Hundred 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: \_\_\_\_\_

Please affix you  
self-attested  
recent photograph

Signature of Candidate: \_\_\_\_\_

Student Copy

University  
Seal with  
Signature