



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: 2024-25

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 encloses 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: 2024-25

Office Copy

Please affix you
self-attested
recent photograph

NAME: _____
FATHER'S NAME: _____
Address for Correspondence: _____

Contact No.: (M) _____ (R) _____
Last Qualification with Percentage: _____
Choice of Examination Center: _____
Signature of Candidate: _____

(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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Please affix you
self-attested
recent photograph

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

University
Seal with
Signature