

INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY

Established under Indira Gandhi Technological and Medical Sciences University Act 2012, Government of Arunachal Pradesh
Ziro - 791120, Arunachal Pradesh, India
Email : indiragandhiuniversity@gmail.com



Ph.D. (Mention your subject area)

Only such candidates can fill up this admission form who have been selected through the Entrance Examination

Paste your recent Passport / Stamp Size Photograph and attach three extra photographs separately

NAME OF THE APPLICANT

FATHER'S NAME

DATE OF BIRTH

ADDRESS FOR CORRESPONDENCE

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EMAILMOBILE

EDUCATIONAL QUALIFICATION(Enclose Copies of Bachelor's and Master's Degree Certificates / Marks Sheets)

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NAME AND ADDRESS OF THE RESEARCH SUPERVISOR / GUIDE ALLOCATED BY THE INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY, ZIRO

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TITLE OF THE RESEARCH (Mention the Topic)

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(Attach Synopsis Recommended by the Research Supervisor)

DETAILS OF PAYMENT

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Bank Draft for the Admission and Registration Fee of Rs. 10,125 and First year of fee of Rs. 1,00,000 to be made in the name of "India Gandhi Technological and Medical Sciences University, Arunachal Pradesh" payable at Ziro.

UNDERTAKING

I hereby certify that the information mentioned above is true to the best of my knowledge and belief. I am keen to get admitted in the Ph.D. degree under regular mode. I promise to follow the UGC (Minimum Standards and Procedure for the Award of Ph.D. Degree) Regulations 2022. I am enclosing the first year fee through Bank Draft. The remaining fee will be paid by me in the form of Bank Draft or Online in the coming year as per the schedule.

Date:

Place:

Signature