



HONORIS CAUSA DOCTORAL DEGREES Ph.D. / D. LITT / D.SC / LL.D APPLICATION FORM

PERSONAL DATA

Name (in block letters)

Date of Birth (DD/MM/YYYY)

Nationality

Mother Tongue

Permanent Address

State of Domicile

Residential Address

Contact Details

Mobile Number

Telephone Number

Email ID

Academic Record (Bachelor Degree onwards)

Exam in
action Passed

Specialization

Institution / University

Year of Passing

Marks / Grades /
Percentage

Proposed Research Data

Title of Proposed Thesis

Selected Area in which candidate wants to do research :

DECLARATION



Declaration By Candidate

All the particulars given above are true to the best of my knowledge. I have read the Rules & Procedure for the Degree and I undertake to abide by them

Thanking you

Sincerely Yours,

Date :

Applicant Signature

Place :

Verification Details

I have verified the original documents. The candidate fulfills the eligibility criteria as per the prescribed norms of the University.

Date :

Place :

Verified by (Counselor)

Permanent Registration No. _____

Enrollment No. _____

Signature & Seal (Center Head)

Fee Payment Schedule

Date	Total Fee	Fee Paid	Balance Due