

(Established under UP Govt. Act No. 24 of 2010 and approved under section 22 of UGC Act 1956)

Lodhipur Rajput, Delhi Road, Moradabad- 244102, U.P. **Telephone:** 0591-2360817, 2360818 **Email:** admissions@iftmuniversity.ac.in **Website:** www.iftmuniversity.ac.in

		Ph.D. Enrollment Fo						t Fo	To be allotte				d by the office								
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1.	Name of the Course											Enr	ollmei	nt No				•••••			•••••
2.	Name of the Branch																				
3.	Course Code																	Recen		attested port siz aph	
4.	Year of Admission	2	0																		
5.	Session	2	0		] - [	2	0														
6.	Name of the Candidate (In capital letters as per High School Certificate)	e																			
7.	Name of the Candidate (In Hindi)	e																			
8.	Date of Birth  (As per High School Certificate: Attach attested photocopy)	D	D	M	M	Y	Y	Y	Y												
9.	Father's Name (In capital letters as per High School Certificate)																				
10.	Mother's Name (In capital letters)																				
11.	Permanent Address (In capital letters)																				
12.	Category	SC S	ST	OBC	GEI	N				14	. Gen	der (M	[/F)								
13.	Religion									15	. Moc	le of A	Admiss	sion (E	Entran	ce/Dir	ect)				

o.				Name of the School/College/ Institute	Name of the Board/ University	Year of Passing	% of Marks	Grade/CPI/CGPA (Please also enter equivalent percentage of marks)	
	-	narks obtained in qua n Certificate from /University last	lifying level e  Transfer  Certificate	xamination  Migration Certificate	No	Date	Insti	tution/Board/Universit	
	attended (Tick V the	: appropriate)							

- 1. I have read the rules, Ph.D. Ordinance and undertake to abide by them.
- 2. I hereby declare that the entries in the form are true to the best of my knowledge and belief. In case any entry in this form is found to be false or incorrect, I will have no objection if the University disqualifies me from appearing in the examination, cancel my examination and debars me from appearing in the examinations in future.
- 3. I declare that I will have no objection for being searched by an official deputed by the Registrar/ Controller of Examinations of the University during or before the Examination.
- 4. I declare that in the event of boycott or walkout in any paper, I agree to be marked absent in that paper and/ or the punishment as the University may impose upon me.

N	Jumber	of.	Annexure	(s)·	

Signature of the Parent/ Guardian with date

Signature of the Student with date

## **DOCUMENTS TO BE ANNEXED**

- 1. Transfer Certificate/ Migration Certificate as per serial no. 17
- 2. Attested copy of marksheet/ certificate/ degree of X, XII, Graduation, Post graduation and other as per serial no. 16 (a)
- 3. Affidavit of gap period (if any)
- 4. Candidate having foreign degree are required to submit the equivalence certificate from AIU/UGC/HRD.

Note: The completed Enrollment Form should be sent/ submitted along with the Ph.D. Admission Form to the Office of the Registrar, Administrative Block, IFTM University, Lodhipur Rajput, Delhi Road, Moradabad-244102,U.P., India. Ph./ Fax: 0591-2360817/8. The envelope should be superscribed "Ph.D. Admission Form and Enrollment Form".

## **Documents to be submitted with the Enrollment Form**

S. No	Name of Documents	Submitted
		(YES/NO)
1.	Two Passport Size Photographs	
2.	Caste Certificate	
3.	Adhaar Card	
4.	High School mark-sheet	
5.	High School Certificate	
6.	Intermediate mark-sheet	
7.	Intermediate Certificate	
8.	Graduation I year Mark-sheet	
9.	Graduation II year Mark-sheet	
10.	Graduation III year Mark-sheet	
11.	Graduation IV year Mark-sheet (If any)	
12.	Graduation Degree	
13.	Post Graduation I year Mark-sheet	
14.	Post Graduation II year Mark-sheet	
15.	Post Graduation III year Mark-sheet (If any)	
16.	Post Graduation Degree	
17.	UGC-NET, GATE, GPAT, SLET, JRF, SRF Certificate	
18.	M.Phil Degree	
19.	Equivalence certificate from AIU/UGC/HRD	
20.	Transfer/Migration Certificate from Institution/ Board/University	
	(ORIGINAL CERTIFICATE REQUIRED)	
21.	Character Certificate	
	(ORIGINAL CERTIFICATE REQUIRED)	
22.	Affidavit of gap period (if any)	

Number of annexure (s):	
Date	(Signature of the Candidate)