



IFTM UNIVERSITY

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

Lodhipur Rajput, Delhi Road, Moradabad- 244102, U.P.

Telephone: 0591-2360817/18 Email: research@iftmuniversity.ac.in Website: www.iftmuniversity.ac.in

Ph.D. Entrance Examination Form (2023-24)

Subject & Specialization: _____

Paste self attested
passport size
photograph in this
space.

1. Name in full (as in 10th / High School Marksheet) :

In Hindi

In English

2. Father's Name:

3. Mother's Name:

4. Address for Communication:

City _____ State _____ Pin Code _____																			

5. Date of Birth (as in 10th / High School Marksheet) :

DD MM YYYY

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6. Contact Details:

Telephone No. (with STD Code)	Mobile No.:	*E-mail address

7. Aadhar Number:

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8. Category (GEN/OBC/SC/ST)

9. Gender (M/F):

10. Blood Group:

11. Nationality: _____

12. Marital Status:

M-Married, S- Single

13. Whether Physically Handicapped (Please Tick): Yes ☐

No ☐

14. Details of Academic Record (X, XII, UG, PG and others) mention most recent exam first; Attach separate sheet, if required.

Sr. No.	Name of the Examination	Subject/Branch	Name of School/ College/Institute	Name of Board/ University	Year of Passing	% of Marks	Grade/CPI/CGPA (Please also enter Equivalent percentage of marks)

15. In case you have qualified a competitive examinations like UGC-NET/JRF, CSIR, SLET/ GATE/ GPAT etc. and having score card with validity period, give the details in the space provided below:

Name of the Examination	Score/Percentile	Year	Validity Period (if applicable)	All India Rank (AIR)

16. In case you have successfully qualified the regular M. Phil. Degree from any recognized University/ Institute, give the details:

Name of the University	Year of Passing	% of Marks

17. Required Fee:

a) Cash Payment of Rs. 5,000/-

Cash Receipt No.	Date

Or

b) Demand draft of Rs. 5,000/- in favour of IFTM University, Payable at Moradabad.

Demand Draft Number	Name of Bank	Date	Issuing Branch

18. Other information if any (Attach separate sheets if required)

Declaration

- a) I have clearly read the details regarding Admission Procedure and Ph.D. Ordinance available on the University website.
b) I do hereby solemnly declare that the information given above is correct to the best of my knowledge and belief.

Date:

Place:

(Signature of Candidate)

19. Documents to be annexed:

- Required fee of Rs. 5,000/- as mentioned in serial no. 17 (a) or (b) of the form
- Self-Attested copy of mark-sheets of qualifying Examination/s.
- Proof of documents as mentioned in serial no. 15 or 16 of the form if claiming for exemption from Entrance Examination.

Note: The completed form should reach the office of Controller of Examinations, IFTM University, Lodhipur Rajput, Delhi Road, Moradabad- 244102 (U.P.) latest by November 02, 2023 (Thursday).



IFTM UNIVERSITY, MORADABAD (U.P.)
Verification Card for Ph.D. Entrance Examination (2023-24)
(WRITTEN TEST)

Name of the Candidate:

Roll No.:-

(to be filled by Office)

Father's Name:

Gender of the Candidate:

Subject:

Examination Centre: IFTM University, Moradabad

Date:

Time: 11:00 AM to 01:00 PM (Written Test)

Paste here recent
passport size
photograph

Candidate's Signature

Controller of Examinations

RECORD OF ATTENDANCE IN THE EXAMINATION HALL

Date	Subject	Answer Booklet No.	Room No.	Signature of the Candidate	Signature of Invigilator



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Admit Card for Ph.D. Entrance Examination (2023-24)
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Roll No.:-

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Father's Name:

Gender of the Candidate:

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IFTM UNIVERSITY, MORADABAD (U.P.)
Verification Card for Ph.D. Entrance Examination (2023-24)
(PERSONAL INTERVIEW)

Name of the Candidate:

Father's Name:

Gender of the Candidate:

Subject:

Personal Interview Centre: IFTM University, Moradabad

Date:

Time: 10:00 am onward (Personal Interview)

Roll No.:-

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