

## **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. E	Intra	nce	Exa	mina	tion	For	m (2	2024-	25)					
Subject & Specialization:  1. Name in full (as in 10th / High School Marksheet):								Paste self attested passport size photograph in this			æ								
1.	Name	in full (a	s in 10	th / H	ligh S	chool	Mark	sheet)	:								spa	ice.	
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2.	<b>Father</b>	's Name	<u>:</u>			1					1								
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4.	Addre	ss for Co	mmur	nicatio	on:														
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5.	Date o	f Birth (a	as in 10 <sup>t</sup>	th/Hig	h Scho	ool Ma	rksheet	;): 	DD	N	4M	Y	YYY	1					
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6.		ct Details									1				••				
<b>Telephone No.</b> ( with STD Code)				Mobile No.:					*E-mail address										
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7.	Aadha	r Numbe	er:																
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8. Category (GEN/OBC/SC/ST) 9. Gender (M/F): 10. Blood Gro							d Gro	oup:											
11. Nationality: 12. Marital Status: M-Married, S- Single						ngle													

	Name of the Examination		ct/Branch	Nam	e of School/	Name of Board/	Year of	% of	
Examination			Colle	ege/Institute	University	Passing	Mar	ks (Please also enter Equivale percentage of marks)	
						s like UGC-NET etails in the space			T/ GATE/ GPAT etc.
	f the Examin					Validity Period			All India Rank (AIR)
16. In ca the de		successi	fully qualif	ied the	e regular M	. Phil. Degree fro	m any reco	ognized	l University/ Institute, give
N	ame of the U	niversit	y		Year of Passing				% of Marks
-	uired Fee: sh Payment o	f Rs. 5,	,000/-						
	C	Cash Re	eceipt No.						Date
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18. Oui	er informatio	п п апу	(Attach se	parate	sneets ii req	uirea)			
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									e on the University website. nowledge and belief.

- i. Required fee of Rs. 5,000/- as mentioned in serial no. 17 (a) or (b) of the form
- ii.
- Self-Attested copy of mark-sheets and other documents.

  Proof of documents as mentioned in serial no. 15 or 16 of the form if claiming for exemption from Entrance Examination. iii.

**Note:** The completed form should reach the office of Controller of Examinations, IFTM University, Lodhipur Rajput, Delhi Road, Moradabad- 244102 (U.P.) latest by September 19, 2024 (Thursday).



#### IFTM UNIVERSITY, MORADABAD (U.P.)

**Verification Card for Ph.D. Entrance Examination (2024-25)** (WRITTEN TEST)

Name of the Candidate:	<b>Roll No.:-</b> (to be filled by Office)	
Father's Name:	,	
Gender of the Candidate:		
Subject:		Paste here recent
Examination Centre: IFTM University, Moradabad		passport size photograph
Date:		
Time: 11:00 AM to 01:00 PM (Written Test)		
	(	Candidate's Signature
Controller of Examinations		
RECORD OF ATTENDANCE IN THE E	XAMINATION HALL	

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

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	Ca	andidate's Signature
Controller of Exam	ninations	



#### IFTM UNIVERSITY, MORADABAD (U.P.)

# Verification Card for Ph.D. Entrance Examination (2024-25) (PERSONAL INTERVIEW)

Name of the Candidate:	<b>Roll No.:-</b> (to be filled by Office)	
Father's Name:		
Gender of the Candidate:		
Subject:		Paste here recent
Personal Interview Centre: IFTM University, Moradabad		passport size photograph
Date:		r was ar
Time: 10:00 am onward (Personal Interview)		
	С	andidate'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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