



# 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, 9917731198 Email: research@iftmuniversity.ac.in Website: www.iftmuniversity.ac.in

## Ph.D. Entrance Examination Form (2021-22)

Subject & Specialization: \_\_\_\_\_

Paste self attested  
passport size  
photograph in this  
space.

### 1. Name in full (as in 10<sup>th</sup> / 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 10<sup>th</sup> / High School Marksheet) :

**DD MM YYYY**

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### 6. Contact Details:

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

\*Candidate must provide E-mail address and Mobile number as notifications will be sent by email and/or SMS.

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

8. Gender (M/F):

9. Blood Group:

10. Nationality: \_\_\_\_\_

11. Marital Status:

M-Married, S- Single

12. Whether Physically Handicapped (Please Tick): Yes

No

**13. 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)

**14. 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)

**15. 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

**16. Required Fee:**

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

Cash Receipt No.	Date

Or

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

Demand Draft Number	Name of Bank	Date	Issuing Branch

**17. 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)

**18. Documents to be annexed:**

- i. Required fee of Rs. 5,000/- as mentioned in serial no. 16 (a) or (b) of the form
- ii. Self Attested copy of mark-sheets of qualifying Examination/s.
- iii. Proof of documents as mentioned in serial no. 14 or 15 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 October 07, 2021 (Thursday).



**IFTM UNIVERSITY, MORADABAD (U.P.)**  
**Verification Card for Ph.D. Entrance Examination (2021-22)**

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: October 10, 2021 (Sunday)

Time: 11:00 AM to 01:00 PM & 2:00 PM onwards

Paste here recent  
passport size  
photograph

Controller of Examinations

Candidate's Signature

**RECORD OF ATTENDANCE IN THE EXAMINATION HALL**

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



**IFTM UNIVERSITY, MORADABAD (U.P.)**  
**Admit Card for Ph.D. Entrance Examination (2021-22)**

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: October 10, 2021 (Sunday)

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Controller of Examinations

Candidate's Signature