

(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									To be allotted 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)				

Name of the Examination Subject / Branch		5	Name of the School/College/ Institute	Name of the Bo University	oard/	Year of Passing	% of Marks	Grade/CPI/CGPA (Please also enter equivalent percentage of marks)	
b) Percentage of m	arks obtained in qua	lifying level e	xamination						
. Transfer/Migration Certificate from Institution/ Board/University last attended (Tick √ the appropriate) Transfer Certificate from Certificate from Institution (Tick √ the appropriate)			Migration Certificate	No		Date	Instit	tution/Board/University	

DECLARATION BY THE CANDIDATE

1. I have read the rules, Ph.D. Ordinance and undertake to abide by them.

Sr. No.

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- 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".