



IFTMUNIVERSITY

(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: 0591-2360818, 9917731198, Email: research@iftmuniversity.ac.in Website: www.iftmuniversity.ac.in

Ph.D. Admission Form (2024-25)

Subject: _____

Paste self attested passport size photograph in this space.

1. Name in full (as in qualifying certificate) :

In Hindi:

In English:

2. Father's Name:

3. Mother's Name:

4. (a) Address for Communication:

(any change in address must be informed to the office)

City_____

State_____ Pin

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(b) Permanent Address:

City_____

State_____ Pin

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

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6. Contact Details:

Telephone No. (with STD code)	Cell No.	E-mail ID

Candidate must provide active E-mail ID and Cell Number as notifications/information may be sent by e-mail 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, M.Phil. and others) mention most recent exam first

Attach separate sheet, if required.

Sr. No.	Name of the Examination	Subject / Branch	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)

14. In case you have qualified or have valid score for a competitive examination like UGC-NET, GATE, GPAT, SLET, JRF, SRF etc and you have done M Phil, give the details in the space provided below:

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

15. Professional Experience (Start from the present employer)

Organization	Period		Designation
	From	To	

16. Previous research work, if any (Number of Research Papers published):

Attach list of papers published/ communicated as per the following format:

Sr. No.	Title of the Research Paper/s	Name of the Research Journal	Volume/Issue	Year

17. (i) Title of proposed thesis _____
- (ii) Specialization in which the candidate proposes to work and prepare thesis _____
- (iii) Brief Synopsis of proposed work giving scope and importance of study, research plan and selected references in not more than 500 words and to be submitted in 3 (three) copies.

18. Proposed place of research work, with complete address of the Institution _____

19. Details of the Supervisor:

- (a) Name of the Supervisor: _____
- (b) Designation: _____
- (c) Qualification (also mention the PG degree): _____
- (d) Specialization Subject & Branch: _____
- (e) Address for Correspondence: _____

Phone/ Mobile No. _____ E-mail ID: _____

- (f) Institution/College/University where working: _____
- (g) Total teaching experience: _____
- (h) Present Status of Service: **Permanent / Temporary / Ad hoc / Visiting / Retired / Any Other**
- (i) Year of award of Ph.D.: _____
- (j) Experience of guiding research: _____

(k) If approved supervisor in other Universities give the details. _____

- (l) Number of Research Candidates already enrolled:
- (a) At IFTM University: _____
- (b) At Other University: _____

20. Certificate by the Supervisor:

It is to certify that the details given in the admission form are correct and I agree to supervise Mr./Ms./Mrs. _____
 _____ for pursuing the research work on the
 topic _____

Signature of the Supervisor _____
 Name _____
 Designation _____

Date & Place:

21. Certificate from the Head of the Institution where the Supervisor is employed:

It is to certify that Dr. _____ is working as a _____ in our Institution from the year _____. He / She fulfills necessary requirement for supervising Ph.D. research work.

Signature of the Head of the Institution _____

Name _____

Date & Place:

Seal

22. Details of the Co-Supervisor (If any):

(a) Name of the Co-Supervisor: _____

(b) Designation: _____

(c) Qualification (also mention the PG degree): _____

(d) Specialization Subject & Branch: _____

(e) Address for Correspondence: _____

Phone/ Mobile No. _____ E-mail ID: _____

(f) Institution/College/University where working: _____

(g) Total teaching experience: _____

(h) Present Status of Service: **Permanent / Temporary / Ad hoc / Visiting / Retired / Any Other**

(i) Year of award of Ph.D.: _____

(j) Experience of guiding research: _____

(k) If approved supervisor in other Universities give the details.

(l) Number of Research Candidates already enrolled:

(a) At IFTM University: _____

(b) At Other University: _____

23. Certificate by the Co-Supervisor:

It is to certify that the details given in the admission form are correct and I agree to supervise Mr./Ms./Mrs. _____ for pursuing the research work on the topic _____

Signature of the Co-Supervisor _____

Name _____

Date & Place:

Designation _____

24. Certificate from the Head of the Institution where the Co-Supervisor is employed:

It is to certify that Dr. _____ is working as a _____
in our Institution from the year _____. He / She fulfills necessary requirement for supervising Ph.D. research
work.

Signature of the Head of the Institution _____

Name _____

Date & Place:

Seal

25. Certificate from the Head of the Institution/ Organization for Research Place of the candidate:

I permit Mr. /Ms. /Mrs. _____ for pursuing the research work in our
Institution/ Organization and the necessary facilities will be provided.

Signature of the Head of the Institution/ Organization _____

Name _____

Date & Place:

Seal

Whether working in Government Organization (Please Tick): Yes No

(If yes please provide the “No Objection Certificate” from the Head of Government Organization. Obtain the NOC with proper channel from your department)

26. Demand Draft of Rs. 40,000/- in favor of “IFTM University” payable at Moradabad.

- a) **Enrollment Fee:** Rs. 5,000/- (Fill the Enrollment Form & submit with Admission Form. The Enrollment Form and Admission Form are available on the University website: www.iftmuniversity.ac.in).
- b) **Semester Fee:** Rs. 35,000/-

Demand Draft Number	Name of the Bank	Date	Issuing Branch

27. Other information if any (attach separate sheets if required)

Declaration

- a) I do hereby solemnly declare that the information given above is correct to the best of my knowledge and belief.
- b) I am fully aware that I must submit self attested copies of my qualifying degree certificate/s / final transcripts within stipulated dates, failing which my admission will stand cancelled.
- c) I am also aware that providing incorrect information in the application form can result in the cancellation of my admission at any stage.
- d) I have carefully read and understood Ph.D. ordinance of IFTM University displayed on the University website (www.iftmuniversity.ac.in) of the University and I agree to accept all terms, conditions and regulations prescribed.

Date:

Place:

(Signature of the Candidate)

All candidates for registration for the Ph.D. degree are required to read carefully the Ph.D. Ordinance of IFTM University, uploaded on the website: www.iftmuniversity.ac.in

Documents to be submitted with the Admission Form

S. No	Name of Documents	Submitted (YES/NO/NA)
1.	Demand Draft	
2.	Four Passport Size Photographs	
3.	Brief Synopsis	
4.	Caste Certificate	
5.	Aadhaar Card	
6.	Bio-data of Supervisor	
7.	Bio-data of Co- Supervisor (If any)	
8.	High School mark-sheet	
9.	High School Certificate	
10.	Intermediate mark-sheet	
11.	Intermediate Certificate	
12.	Graduation I year Mark-sheet	
13.	Graduation II year Mark-sheet	
14.	Graduation III year Mark-sheet	
15.	Graduation IV year Mark-sheet (If any)	
16.	Graduation Degree	
17.	Post Graduation I year Mark-sheet	
18.	Post Graduation II year Mark-sheet	
19.	Post Graduation III year Mark-sheet (If any)	
20.	Post Graduation Degree	
21.	UGC-NET, GATE, GPAT, SLET, JRF, SRF Certificate	
22.	M.Phil Degree	
23.	List of Publications	
24.	“No Objection Certificate” from Research Place	
25.	“No Objection Certificate” from Govt. officer (in case of Govt. Employee)	
26.	Equivalence certificate from AIU/UGC/HRD	

Number of annexure (s): _____

Date_____

(Signature of the Candidate)

Note: The completed Ph.D. Admission Form is to be sent/submitted along with the Ph.D. Enrollment Form to the Office of the Registrar, IFTM University, Lodhipur Rajput, Delhi Road, Moradabad- 244 102, U.P., India.
The envelope should be superscribed “Ph.D. Admission Form 2024-25”.