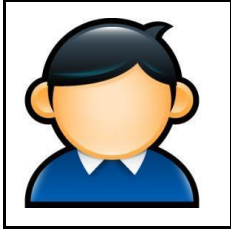




# Maulana Azad University, Jodhpur

## Admission Form for PhD in Public Health Session \_\_\_\_\_

Candidate's Reg. No. MAUJ/ \_\_\_\_\_

Candidate's Name	_____		
Father's Name	_____		
Mother's Name	_____		
Gender	_____		
Category	_____		
Email	_____		Mobile _____
Date of Birth	_____		Contact No _____

Nationality \_\_\_\_\_ International Passport No \_\_\_\_\_ Aadhaar Card No \_\_\_\_\_

### Address for Correspondence

_____		
State	District	Pin

### Permanent Address

_____		
State	District	Pin

### Current Address

_____		
State	District	Pin

Course \_\_\_\_\_ Compulsory Subject(For UG Program only) \_\_\_\_\_ English/Hindi \_\_\_\_\_

Course Combination \_\_\_\_\_

### Last Qualification of Student

Last Qualification	Subject	_____
Board/University	_____	Passing Year _____
Max Marks	_____	Marks Obtained _____
Result	_____	

### Last Board Qualification of Student

Qualification	Board	Board Passing Year
Subject	_____	Roll No _____

Exam Break YES/NO \_\_\_\_\_ Reason for last Exam Break \_\_\_\_\_

Religion \_\_\_\_\_ PhyHand \_\_\_\_\_ Yes/No \_\_\_\_\_ Kashmiri \_\_\_\_\_ YES/NO \_\_\_\_\_

### Father's Detail

Occupation	Qualification	Income
_____	_____	_____

**Mother's Detail**

<b>Occupation</b> _____	<b>Qualification</b> _____	<b>Income</b> _____
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**Documents Attached**

10TH Mark Sheet/Certificate	<input type="checkbox"/>
10+2(or equivalent Mark Sheet)	<input type="checkbox"/>
Transfer Certificate	<input type="checkbox"/>
Character Certificate	<input type="checkbox"/>
Migration Certificate	<input type="checkbox"/>
Address Proof	<input type="checkbox"/>
SC/ST/OBC/Physically Handicapped Certificate	<input type="checkbox"/>
International Passport	<input type="checkbox"/>
Aadhaar Card	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

**Declaration**

The statement made above and filled in different columns are true to the best of my knowledge & belief. I will obey the rules & regulations of the institution.

Applicant's Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

**For Office Use Only**

**Reg No**    **MAUJ/**

**Documents Enclosed**

10TH Mark Sheet/Certificate	<input type="checkbox"/>
10+2(or equivalent Mark Sheet)	<input type="checkbox"/>
Transfer Certificate	<input type="checkbox"/>
Character Certificate	<input type="checkbox"/>
Migration Certificate	<input type="checkbox"/>
Address Proof	<input type="checkbox"/>
SC/ST/OBC/Physically Handicapped Certificate	<input type="checkbox"/>
International Passport	<input type="checkbox"/>
Aadhaar Card	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Documents Verified By \_\_\_\_\_

Signature of Admission In charge \_\_\_\_\_

Date \_\_\_\_\_