



Maulana Azad University, Jodhpur

Application form for PhD in Public Health, (2016)

Candidate's Name: _____

Father's Name: _____

Mother's Name: _____

Gender: Male/Female

Email Id: _____

Mobile No: _____

Date of Birth: _____

Please paste your
recent passport
size photograph
here

Nationality: _____

International Passport No: _____

Aadhar Card No (in case for Indian applicants): _____

Address for Correspondence:

Pin No: _____

City: _____ State: _____

Country: _____

Permanent Address:

Pin No: _____

City: _____ State: _____

Country: _____

Last Qualification of applicant

Last post graduate qualification: _____

Subject: _____

University: _____ Passing Year:

Max Marks: _____ Marks Obtained: _____ Division:

Documents Attached

Copy of Post Graduate degree

Copy of Post Graduate mark sheets

Address Proof

International Passport

Aadhar Card (Only for Indian applicants)

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_____