



apu

APEX PROFESSIONAL UNIVERSITY

Established by Government of Arunachal Pradesh

Main Campus: Pasighat, District East Siang, Arunachal Pradesh - 791 102 (India)

WhatsApp: +91 7308372397 | **Helpline:** 1800-30-707-606

www.apexuniversity.ac.in | **eMail:** info@apexuniversity.edu.in

Application Form for Admission to Ph.D. Programme

Type of Registration					DO NOT STAPLE Paste a recent passport size self attested colour photograph
Full Time			Part Time		
Govt Fellowship <input type="checkbox"/>	APU Fellowship <input type="checkbox"/>	Self Financing <input type="checkbox"/>	Internal <input type="checkbox"/>	External <input type="checkbox"/>	
Subject to which you are applying: <i>(Write name of only ONE Subject here)</i>					
Proposed Research Topic (Broad Area):					
Name (in CAPITALS)					
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Father's Name					
Mother's Name					
Address for Correspondence					
PIN:					
eMail:			Mobile No.:		
Permanent Address					
PIN:					
eMail:			Mobile No.:		
Category: <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Physically Challenged					
Whether Qualified: <input type="checkbox"/> UGC NET <input type="checkbox"/> SLET <input type="checkbox"/> M.Phil <input type="checkbox"/> ICRA Test <input type="checkbox"/> GATE					
If Qualified	Discipline:		Certificate No. & Date (enclose copy):		

I affirm that all entries in application and the appended documents ARE TRUE IN ALL ASPECTS. I understand that any information / document if found to be false, shall automatically cancel my candidature and render me liable for such action as the University may deem proper.

Date: _____

Signature of the Candidate

ACADEMIC INFORMATION Previous Educational Qualification

Course / Program	Session (Year to Year)	University / Board	Name of the Institute	Marks obtained Percentage	Branch / Stream
Matriculation (10 th)					
Intermediate (12 th)					
Graduation					
Post Graduation					
Others					

TECHNICAL / INDUSTRIAL EXPERIENCE

From	To	ORGANISATION	Position	JOB DESCRIPTION

RESEARCH EXPERIENCE

From	To	ORGANISATION	Position	JOB DESCRIPTION

PUBLICATIONS

Title of Paper	Journal	Vol. Month & year	Co Author if any

* List can be provided in separate sheet

FEEDBACK : How did you come to know about Programme ?

APU advertisement in					CHECKLIST OF ENCLOSURE ✓ mark & TAG in this order	
APU Employee / Alumini					<input type="checkbox"/> Research Proposal	<input type="checkbox"/> Copies of Mark sheets
Friends		Own Institution		Internet	<input type="checkbox"/> Eligibility Certificate	<input type="checkbox"/> DD for Rs. 2500/- if downloaded

Willing to accept teaching assistantship if offered: Yes No

Declaration By the applicant

Certified that all information provided by me in the form is correct to the best of my knowledge and belief. I understand that any willful misrepresentation of facts will result in my dismissal from doctoral programme. If admitted, I shall abide by all the rules and regulations of the University

Date: _____

Signature of the Candidate



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The Research Entrance Aptitude Test (TREAT) ADMIT CARD (Office Copy)

NAME: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

SUBJECT: _____

Contact No. (M): _____ (R): _____

eMail ID: _____

Choice of Examination Center: Pasighat Guwahati Bengaluru Amritsar
(Please tick one)

DO NOT STAPLE
Paste a recent
passport size
self attested
colour photograph

Signature of the Candidate

FOR OFFICE USE ONLY

Eligible for Entrance Test <input type="checkbox"/> Yes <input type="checkbox"/> No	Exempted from Entrance Test <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee paid as per APU Notification <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks : _____ Signature : _____ Name : _____	Remarks : _____ Signature : _____ Name : _____	Remarks : _____ Signature : _____ Name : _____
HEAD OF THE SCHOOL	DEAN (RESEARCH)	ACCOUNT OFFICER



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Choice of Examination Center: Pasighat Guwahati Bengaluru Amritsar
(Please tick one)

DO NOT STAPLE
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self attested
colour photograph

Signature of the Candidate

University Seal with Signature