

## Birla Institute of Technology & Science, Pilani

Pilani | Dubai | Goa | Hyderabad | Mumbai

## Appl No.:

Full Name									
Gender									
Date of birth								Paste a	passport size
Father's name									tograph
Mother's name									
Nationality									
Email∙Id									
Passport No			Pass	sport Date o	of Issue	Passport	Date of Expiry		
Address						-			
City									
State									
Country									
Contact Number (Including ISD code)									
Mobile Number (Including ISD code)									
Programme Applied for	🗆 Or	n Campus	full time 🛛						
Campus Preferences for PhD P	rogran	nme							
Preference 1	Pref	erence 2		1	Preference 3		Preference 4		
Have you ever been on the rolls If yes, enter your ID No.	of BITS	as a regi	ular student						
Presently Employed If yes, please mention details.									
Highest Qualifying Examinatio	n:								
Name of the Degree									
University / Institution									
Subject / Discipline									
Aggregate % of Marks/CGPA									
Year of Passing									
Academic Record									
Degree/ Diploma		Year of Passing		U	Jniversity / In	stitution	Aggregate % of marks/ CGPA	Division	Subject/ Discipline
Name of the Department Under wish to Pursue PhD in BITS:	which								

Broad area wish to purse PhD:

## Appl No.:

Employment Reco	rd:			
Pe	eriod	Name & Address of the	Designation	Nature of Responsibility
From	То	Organization	Designation	
	nsored by the employe	e I would come on full leave programme of BITS, give	e I would terminate the	employment if selected
(a) Application No	D.:			
	been a Ph.D. student,			
(a) Name of the I	institution:			
(b)Duration: From	n	То		
(c) Research to	pic and supervisor:			
(d) Fellowship (a	agency and amount):			
(e) Reasons for				
Have you ever ap	peared in a Ph.D. qual	ifying examination at BITS?	Yes No	
If Yes,				
(a) ID No:				
(b)Dates of Exan	nination: (dd/mm/yyyy	()		
(c) Result:	Pass 🔲 Fail			
		s of technical publications/patents (Gi	ve title, name(s) of the author(s)	and journal in which appeared) and
	Attainments & Distincti		(-)	
•	-	do solemnly affirm that I shall be resp l his/her expenses during his/her stay	•	uct of my
Place:		Signature:		
Date:		Name:		
Relation with the	Applicant:			
Parents/Guardia	n Contact Details (inclu	Iding ISD Code) :	Parents/ Guardian Email	
	-	by declare that the information given		
accompanying at	ttachments and enclose	ures are true to the best of my knowl mission to the Institute would autom	edge. I agree to the condition that	
and I shall do no	thing which will interfe	ules and regulations in force or those ere with its orderly working and discip f the Vice-chancellor shall be binding	oline. In all matters concerning me	
Place:		Signature:		
Country		Date:Na	ame'	
Enclosures releva	and to Part I			
(a) Proof of date	of birth			
(b) Application fe	e receipt (Online)			
(c) Scanned copy	of Mark sheet and cer	tificate of qualifying degree		
(d) E-mail addres	sses of two referees (te	eachers or thesis supervisors at the m	aster's level who can give letters	of recommendation
(e) Scanned copy	/ of First and Last page	e of the Passport		
.,	y of Curriculum Vitae			
(a) Syllabus of U	abor dogroo courses if	holding a higher degree		

(g) Syllabus of Higher degree courses, if holding a higher degree

(e) Any other, specify\_