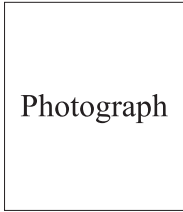


SL No:



REGISTRATION FORM UNIVERSITY OF SCIENCE & TECHNOLOGY MEGHALAYA

Techno City, Kling Road, Baridua, 9th Mile, Ri- Bhoi, Meghalaya



Ph.D Programme

Department : _____

- 1) Name of the Candidate:.....
- 2) Father's Name:.....
- 3) Mother's Name:.....
- 4) Date of Birth: Sex: Male/Female/TG
- 5) Permanent Address:.....
.....
- 6) Address for Communication:.....
.....
- 7) Ph. No with STD code : Mobile No.....
- 8) E-mail ID :
- 9) Category : General/ SC/ST/OBC/Minority/Others.....
- 10) Are you employed ? (If so, give details and furnish the NOC from the Employer).....
.....
- 11) Have you qualified National Eligibility Test? If so, give details.....
- 12) Are you a fulltime Teacher fellow ? If so, state details.....

13) Educational Qualification

Name of Exam	Board / University	Year of Passing	% of Marks	Subjects
HSLC				
H.S.				
Degree				
Post Graduate				
M.Phil				

13) Computer Skill:.....

14) Specialization in Post Graduation:.....

Date:

Place:

Signature of applicant

Note : Any additional information can be attached as separate sheet

For office use only

Name :

Selected/Rejected :

Any other Instruction :

Registrar, USTM