



# KALINGA UNIVERSITY

Established under Chhattisgarh Private Universities (Establishment & Operations) Act 2005

Campus: Kotni, Near Mantralaya, Naya Raipur, Pin – 492 101

Ph No. 9907252100

www.kalingauniversity.ac.in

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## OFFLINE FORM

Not to be used for online application.

### APPLICATION FOR ENTRANCE TEST AND ADMISSION TO Ph. D. and M. Phil. COURSE BATCH 2019

*Last Date for submitting Application: 31/05/2019*

Form No.

*(To be filled by the office)*

Roll No.

*(To be filled by the office)*

*Affix your  
Passport size  
photo here*

Which course do you wish to apply for?

Ph. D.

M. Phil.

Both

DD No.

Date

Bank & Branch

*Demand Draft of Rs. 2000/- to be made in favour of "Kalinga University" payable at Raipur.*

Subject:

Do you wish to be considered for exemption from Entrance Test?

YES

NO

If yes, indicate among the following eligibility category for exemption from Entrance Test with testimonials

a. NET / GATE

Yes

No

b. SLET/SET

Yes

No

c. College Teacher

Yes

No

d. M. Phil.

Yes

No

e. Any other (Please specify)

1. Name (in block letters)

*As per High School Certificate*

2. Father's / Husband's Name

3. Mother's Name

4. Date of Birth

*As per High School Certificate*

5. Category

General

SC\*

ST\*

OBC\*\*

Physically Handicapped

6. Permanent Address


City  State  Pin

7. Name and address to which communication regarding admission should be sent


City  State  Pin

8. Email  Ph.

9. Details of Examination Passed

Examination Passed	University/Board	Year	Roll No.	Division	% of Marks
Class X					
Class XII					
Graduation					
Post-Graduation					
Any other					

10. Research experience, if any

11. Publication, if any  
*Attach a list of publications on a Separate sheet*

12. Are you employed? Yes  No

a. If yes, whether it is? Permanent Yes  No  Temporary\* Yes  No  Ad hoc\* Yes  No

\*Please state the tenure of present appointment

b. The name of the Institution, Designation and nature of work


c. Date of appointment *If applicable*

DD	MM	YYYY
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**DECLARATION**

*I hereby declare that, I am not enrolled in any other course of Kalinga University or any other University. The above facts are true to the best of my knowledge and belief.*

Date .../.../.....

.....  
Signature of the candidate

***(Certificate to be signed by the Head of the Institution where the candidate is employed)***

I certify that the application is being made with my permission, if selected and the applicant shall be permitted to take admission in Ph. D. /M. Phil. Program at Kalinga University.

.....  
***Signature of the Head of Institution***  
*(With Rubber Stamp)*

**NOTES**

1. Please attach the following:
  - a. Self-attested copies of Post Graduate / Equivalent Degree and / or Mark – sheet
  - b. Self-attested copies of Graduate / Equivalent Degree and / or Mark – sheet
  - c. Self-attested copies of Higher Secondary Certificate
2. Candidates will be required to produce the original certificates for verification and an extra passport size photograph at the time of admission.