



# SHRI VISHWAKARMA SKILL UNIVERSITY

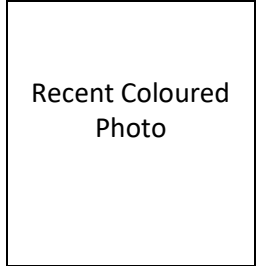
(State University enacted under the Government of Haryana Act 25, 2016)

## Admission Form for PhD. Session: -2020-21

University Registration No \_\_\_\_\_  
(For Official Purpose)

Name of the Programme: .....

- Tick the Skill Faculty: 1) Skill Faculty of Engineering and Technology
- 2) Skill Faculty of Management studies and research
- 3) Skill Faculty of Applied Science and Humanities



Broad Area(As per information Brochure).....

1. Name of the Candidate: Mr./Ms. \_\_\_\_\_  
(As per Matriculation certificate) in Capital letters

2. Father's Name: Sh. \_\_\_\_\_ 3. Mother's Name: Smt. \_\_\_\_\_  
(As per Matriculation certificate) in Capital letter (As per Matriculation certificate) in Capital letters

4. Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ 5. Gender: Male/Female \_\_\_\_\_

6. Father Occupation \_\_\_\_\_ 7. Family Income \_\_\_\_\_

8. Nationality: \_\_\_\_\_ 9. Religion: \_\_\_\_\_

10. Aadhaar No (Desirable): \_\_\_\_\_ 11. Person with Disabilities (DA/PwD)(Yes/No): \_\_\_\_\_

12. Domicile: -Haryana /Other State Admission Category: \_\_\_\_\_ (Gen./BC-A/BC-B/SC/ST/EWS)  
(HARYANA)/AIC/J&K migrant/Dudhola domicile

13. Belongs to any minority category (Yes/No) \_\_\_\_\_ (If yes, please specify): \_\_\_\_\_

14. Qualifying examination passed (Details of examination): \_\_\_\_\_ From (Haryana/Other state) \_\_\_\_\_  
District: \_\_\_\_\_ Year of pass \_\_\_\_\_

15. Blood Group \_\_\_\_\_ 16. Urban/Rural \_\_\_\_\_

<b>17. Permanent Address:</b> House No: _____ Gali/Mohalla/Colony: _____ City/Village: _____ Tehsil: _____ District: _____ State: _____ Pin Code: _____ Email: _____ Alternate email: _____ Contact No: _____ Mobile No: _____	<b>18. Correspondence Address:</b> House No: _____ Gali/Mohalla/Colony: _____ City/Village: _____ Tehsil: _____ District: _____ State: _____ Pin Code: _____ Email: _____ Alternate email: _____ Contact No: _____ Mobile No: _____
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19. Phone No./Contact No. of Father /Local Guardian \_\_\_\_\_

**20. Qualification Details:**

Sr. No.	Examination	Board/ University	Stream	Passing (Year & Month)	Subject/Trade/Specialization	% of Marks/ Grade/CGPA
01	10 <sup>th</sup>					
02	10+2					
03	Graduation					
04	Post-Graduation					
05	Other					

21. DD. No. \_\_\_\_\_ Branch Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_ Date of DD: \_\_\_\_\_

22. Information of UGC NET/JRF/CSIR/Teacher Fellowship/ SLET/GATE:

S.No.	Discipline:	Years of Examination	Score	Percentile AIR (All India Bank)	Validity

23. Experience, if any,

Name of Address of Employer	Designation	From	To	Nature of Work	Salary Draw (In INR)

**24. Undertaking by the Candidate**

I ..... hereby declare that all the information furnished in this form is true to the best of my knowledge and belief. I understand that my admission is liable to be cancelled by the University if any above information is found incorrect or misleading at any stage.

Date & Place:

Signature of the Candidate  
Name: \_\_\_\_\_