

Registration Form for Ph. D Scholars (Under IMS-Jamia Hamdard MoU)

| S.No. | | | | |
|--|----------|---|-----------|----|
| For Official Use Only | | | | |
| University offer Letter No. (Please attach Xerox copy of the san | passport | Please Affix a recent passport size photo and sign across | | |
| Registration No.: | | | | |
| Date of admission | | | | |
| NAME (FULL in CAPITAL) (As per high School/10 th Certificate) Father's Name | | | | |
| Mother's Name | | | | |
| Date of Birth | | | | |
| Marital Status: | Married | | Unmarried | |
| Gender | Male | | Female | |
| Category: | GEN | OBC | SC | ST |
| Correspondence Address | | | | |
| | | | | |
| Phone (Office) | | | | |
| Mobile No. | | | | |
| Res Mobile No | | | | |

| Fax I | No. | _ | | | | | | |
|---|--|--|-------------------------|---------|-----------------|---------------------------------------|----------------------------|----------------------------|
| Е Ма | il. | _ | | | | | | |
| Aadh | aar No. | [| | | | | | |
| PAN . | | | | | | | | |
| Acad | lemic Credentials: | | | | | | | |
| | Examination | Name of the Institution | Board/Univ | versity | Ye o pass | f | Marks %/CGPA (with % | Subject/ specialization |
| (Atta | 10th/Secondary 12th/Senior Secondary Graduate degree Post Graduate degree Professional degree Any other degree | | s) | | puo | , , , , , , , , , , , , , , , , , , , | | |
| olars Empl (Prov serve empl | emic/ProfessionalA hips/Certificates/Ho oyment Details: ride details of Inst ed and No object oyer) se of teachers: Teac | nours etc. itution(s) /Org ion Certificate | anization(s) e from the | UC | | | PG | |
| Detai Pape Rese atten | ls of Research rs/Articles published arch Confere ded | experience d ence/Workshop | /Research | 00 | · [| | j PG | |
| Area | of Research Interes | St | | | | | | |

Declaration

| l, | declare that all the information mentioned by me in this application |
|--|---|
| form is correct to the best of my kno | wledge and belief and I understand that false or incomplete information |
| would cause cancellation of the appl | ication. |
| I shall abide by the decision of II | MS, Ghaziabad and/or Jamia Hamdard in all matters pertaining to |
| admission and administration of th | ne program. The decision shall be final and binding on me. I also |
| understand that my registration wit | th IMS Ghaziabad as a research scholar is provisional till the time I |
| produce documents of my enrollme | ent in the Ph. D. program at Jamia Hamdard. I undertake that I shall |
| abide by the rules and regulations of | f IMS, Ghaziabad if admitted. |
| For all legal actions, suits and pro | oceedings, the jurisdiction of a court of laws shall be deemed to lie |
| exclusively at the place at which the | Institution is situated and not another court or place. |
| I understand the contents of this form | m and this declaration being made here. |
| Place: | |
| Date | Cinneture of the Ameliaant |
| | Signature of the Applicant |

Details of Payment of Registration Fee and User Charges

| I certify | that I h | nave deposited | l a sum | of Rs | | _ (Rs in words) | | | | |
|--------------------------------------|---------------|-------------------|----------------|---|-----------------|---------------------|--|--|--|--|
| • | | | |) to IMS Gr | naziabad as pe | er the Bank Details | | | | |
| given | below | on | transaction | dated | | vide | | | | |
| Bank | | | | and | Transaction F | Reference Number. | | | | |
| | | | towa | rds my provisional | registration as | a research scholar | | | | |
| and user o | charges for o | databases, librar | y, other acade | mic facilities. | | | | | | |
| IMS Ghaz | iabad Bank | Details for Paym | ent: | | | | | | | |
| Name of b | eneficiary: | | Institute of | Management Stud | ies | | | | | |
| Address: | | | Lal Quan, | Lal Quan, G.T. Road, Ghaziabad -201 009 | | | | | | |
| Phone No. Beneficiary: | | | 0120 4170 | 0120 4170600 | | | | | | |
| Fax No. of Beneficiary: | | | 0120-2866 | 0120-2866034 | | | | | | |
| Type of Account: | | | Current Ac | Current Account | | | | | | |
| Bank account No.: | | | 514610100 | 51461010000010 | | | | | | |
| Bank Name: Oriental Bank of Commerce | | | | | | | | | | |
| Bank branch address: | | | IMS, Lal Q | IMS, Lal Quan, Ghaziabad | | | | | | |
| Bank Code: | | | 5146 | 5146 | | | | | | |
| Micr code No: | | | 11002214 | 110022141 | | | | | | |
| IFSC Code | e (RTGS/NE | EFT) | ORBC010 | 5146 | | | | | | |
| Signature | | | | | | | | | | |
| Name of the | ne candidate | Э | | | | | | | | |
| Place | | | | | | | | | | |
| Date | | | | | | | | | | |