NATIONAL LAW UNIVERSITY ODISHA

Sector 13, CDA, Cuttack – 753 015, Odisha Telephone: (0671) 2338015 Ext. 5041

E-mail: <u>exam@nluo.ac.in</u>

APPLICATION FOR PH.D. PROGRAMME FOR THE ACADEMIC YEAR 2019-20

Paste self attested passport size photograph here

PERSONAL INFORMATION:

Ph.D	Full – Time			•	
	Part – Time		-		
(Please Tick in the abo	ve Box, whether	Full time o	r Part T	ime)	
Name of the Applicant (IN CAPITAL					
LETTERS)					
Date of Birth				Gender	
Category					
Name of mother					
Name of father					
Name of Guardian, if any.					
Annual income of the parents/guardian					
Nationality					
Correspondence Address					
, and the second					
			PIN		
	Email				
	Phone No.				
Permanent Address					
			PIN		
	Email				
	Phone No.				

ACADEMIC QUALIFICATIONS (Enclose attested copies of relevant documents):

S. No.	Name of Examination	School/College/University	Year	Class/ Division	% of Marks
1.	S.S.L.C				
2.	H.S.C.				
1 3	Graduation (B.A./B.Com./B.Sc./B.B.A.)				
//	Post Graduation (M.A./M.Com./M.Sc./M.B.A.)				
5	LL.B. /B.L.				
6	LL.M. /M.L.				
7	M. Phil.				
8	NET/JRF				

RESEARCH PUBLICATIONS, IF ANY:

S. No.	Title of the Paper	Details of Publication
1.		
2.		
3.		
4.		

WORK EXPERIENCE, IF ANY:

S. No.	Name of Employer	Designation	Period
1.			
2.			
3.			
4.			

I hereby affirm that the information given by me in this application is complete and true to the best of my knowledge and belief. In the event of me being admitted to the course, I undertake to abide by the Rules and Regulations as may be prescribed by the University from time to time.

Date:	/	/	(DD/MM/YYYY)	Signature of the Applicant
Dlace.				

NO OBJECTION CERTIFICATE (For employed candidates only)

This is t	o cert	ify tha	at Ms/Mr _				who	is applyin	g to	the Ph	.D. progran	nme
offered	by	the	National	Law	University	Odisha	(NLUO),	Cuttack,	is	an	employee	of
		(n	ame of the	institu	ution/organisa	ation). Th	e institution	/ organisa	tion	has n	o objection	n in
allowing	g her/ł	nim to	pursue the	same, v	which include	s sanction	ing leave rec	uired for the	his p	urpose	2.	
(Signatu	(Signature and Seal of Authorised Signatory)											
(Signature and Sear of Francoised Signatory)												
Name ar	nd De	signat	ion of Auth	orised								
Signator	y:											
Name of	f Insti	tution	Organisatio	on:								
Date:	/		/		(DD/MM/YX	ZYY)						