



भोट विद्या संस्थानम्

केन्द्रीय उच्च तिब्बती शिक्षा संस्थान, सारनाथ वाराणसी
ཨ། །དབུས་བོད་ཀྱི་ཆེས་མཐོའི་གཙུག་ལག་སློབ་གཉེར་ཁང་། ལྷ་རྩལ་གླུ་ལྷ་སྐྱོ་
Central Institute of Higher Tibetan Studies, Sarnath, Varanasi

Ph.D. APPLICATION FORM

Subject for Ph.D.	
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Affix Self Attested
Recent Passport
Size Photo

Personal Details

Full Name (In Capital)			
Father's Name		Mother's Name	
Date of Birth (DD/MM/YY)		Category (SC/ST/OBC/GEN)	
Gender (Male/Female)		Marital Status (Married/Unmarried)	
Nationality		Mobile No.	
Email		Aadhar Number	
Permanent Address		Address for Communication	

Education Details

Qualification	University/ Institute	Year	Regular/ Part Time	Percentage/CGPA /Equivalent	Division
High School (10 th) or Equivalent					
Intermediate (12 th) or Equivalent					
Graduation					
Post-Graduation					
Any Other					

Additional Qualifying Examination (GATE/CSIR/UGC/NET/ Others)

Qualifying Examination	Year	Percentile	Score	All Indian Rank

Professional Experience (Teaching/Research/Others)

Name of Organization	Designation	Period		Nature of Work
		From	To	

Details of Research Publication(S)

Authors	Title of the Paper	Journal/Conference	Vol. No./Page	Year

List of Enclosure: Tick all that apply

1. Self-attested copy of semester wise mark sheet/grade cards ()
2. Self-attested copy of GATE/CSIR/NET/Others ()
3. Self-attested copy of Professional Experience ()
4. List of Publications ()

DECLARATION

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rule and discipline of the Institute.

I note that the decision of the Institute in final in regard to selection for admission and assignment to particular Department and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me antecedents prove that my continuance in the Institute is not desirable. I agree that I shat abide by the decision of the Institute, which shall be final.

Place:

Date:

Signature of the candidate