

DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY

(Deemed to be University), Girinagar, Pune - 411025 (An Autonomous Organisation Fully Funded By Department of Defence Research & Development, Ministry of Defence)

APPLICATION FORM FOR ADMISSION TO Ph.D. PROGRAMME JULY: 2024

1.	Name :	Phot	to			
	Date of Birth	n (DD/MM/YY):	A	.ge:	_	
	Address for	Communication	: Permanent	t Address:		
2		istration: Instil	Phone No :Fellowship National F			
			tion Studied (SSC, HSC and			
(a) (b) (c)			University/ College		Average Marks/CGPA	Clas
(d) (e)						

5. Professional Experience (Technology/ Research/ Industrial) if any :							
Name of Opposite of	Doolanation		Period				
Name of Organisati	on Designation	Fro	m	То	Nature of Work		
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			_				
		<u> </u>	_		_		
		<u> </u>	_				
6. Personal Informati	ion :						
Father's /	÷	(g)	Ма	rtial Status	:		
` Husband's Name		. (9)			·		
(b) Father's / Husband Occupation	d's :	(h)	Ge	nder	: Male/ Female		
			Wh	ether OBC/	SC/ST :		
(c) Mother's Name	:	_ (i)	٠.	yes, enclose ued)	e attested copy of certificate		
(d) Place of Birth	•	_ (j)		•	cally challenged : Yes / No		
()			` '	•	the certificate to this effect)		
(e) Mother Tongue	÷			nail ID			
(f) Nationality	:	_ (I)	IVIO	bile No.			
7. Proposal title of re	esearch work						
(Please attach a small write up next exceeding one page)							
8. DECLARATION							
	e that I have carefully read t	the inc	truct	ion and nar	ticulars supplied to me and		
that the entries made	e that I have carefully read to the in the application form are of	correct	to t	he best of i	my knowledge and belief. I		
	ation (active or passive) with e to abide by the rules and dis						
• •	decision of the Institute is	•					
particular department a	ind field of study. The Institute mission, provided it is satisfie	e shall	have	the right to	expel me from the Institute		
by me or my anteceder	nts prove that my continuance	e in the			•		
abide by the decision of	f the Institute, which shall be	final.					
Place :							
Place :				Signatur	e of Applicant		

9.	List of enclosure	
(a)		(f)
(b)		(g)
(c)		(h)
(d)		(i)
(e)		(j)
10.	••	-
	a) DD No	b) Dated
	c) DD Amount:	d) Drawee Bank:
	e) Online Payment ID:	