DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY

(Deemed to be University)



APPLICATION FORM FOR ADMISSION TO Ph.D. PROGRAMME, JULY-2025

Name of Department / School for Ph.D. Programme :

1.	Name :					P	hoto
	Date of Birth (DD/MM/YY) :				Age :		
	Address for Communication:		Permanent .	Address:			
	Pin code :			Pin code :			
				Mobile No :			
	E-Mail :			Phone No:			
2.	Type of Registration: DRDO Sponsored/Self Sponsored Industry Sponsored R&D Govt. Org. MoD Sponsored Self Sponsored (only for Service Officers) Project Staff Willingness for Joint Supervision: Yes / No []						
3.	Details of Ur	niversity / Institu	ıtion Studie	ed (SSC, HSC and	above)		
	Degree	Discipline	Unive	rsity/ College	Year	Average Marks/CGP	A Class
(a)							
(b)							
(c) (d)							
(e)							
4.	Additional Q	ualifying Exami	nation [if a	ny]			

5. Professional Experience (Technology/ Research/ Industrial) if any :								
N.	lama of Overania stick			Period		Notice of Work		
N	lame of Organisation	Designation	Fro	From To		Nature of Work		
		<u> </u>				·		
6.	Personal Information :							
(a)	Father's /	:	(g)	Ma	ırtial Statı	us :		
()	Husband's Name		(3)			<u></u>		
(b)	Father's / Husband's Occupation	:	(h)	Ge	nder	: Male/ Female		
				Wł	nether OE	BC/ SC/ST : Yes / No		
(c)	Mother's Name	:	(i)	•	yes, enclo ued)	ose attested copy of certificate		
(d)	Place of Birth	:	(j)			ysically challenged: Yes / No		
` ,				`	•	sh the certificate to this effect)		
(e) (f)	Mother Tongue Nationality	:	(k) (l)		micile dhaar No			
(1)	Ivationality	:	(1)	На	ullaal NO			
7.	Proposal title of resear	ch work						
(Ple	ease attach a small write	up next exceeding one pa	age)					
8	DECLARATION							
0.		t I have carefully read th	ne inst	truct	ion and r	particulars supplied to me and		
	the entries made in the	e application form are co	orrect	to t	he best o	of my knowledge and belief. I		
		(active or passive) with a bide by the rules and disc				ization is forbidden. If selected te.		
						election and assignment to a		
						t to expel me from the Institute d on false particulars furnished		
by r	ne or my antecedents pr	ove that my continuance	in the			ot desirable. I agree that I shall		
apio	ie by the decision of the	Institute, which shall be fi	nal.					
Plac	ce :							
	e :				Signa	ture of Applicant		

9. List of enclosure				
(a)	(f)			
(b)	(g)			
(c)	(h)			
(d)	(i)			
(e)	(j)			

10. Recommendation of the Head of the Lab/Org/Commanding officer of Unit.:

Signature

11. Recommendation of DRDO HQ/Org. / HQrs

Signature of Competent Authority