

DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY
(Deemed to be University)



**APPLICATION FORM FOR ADMISSION TO
Ph.D. PROGRAMME, JULY-2026**

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

1. Name : _____ Date of Birth (DD/MM/YY) : _____ Age : _____ Address for Communication: _____ _____ Permanent Address: _____ _____ Pin code : _____ Pin code : _____ Mobile No : _____ Mobile No : _____ E-Mail : _____ Phone No : _____	Photo																																										
2. Type of Registration: DRDO Sponsored/Self Sponsored ☐ Industry Sponsored ☐ R&D Govt. Org. ☐ MoD Sponsored ☐ Self Sponsored (only for Service Officers) ☐ • Willingness for Joint Supervision: Yes / No []																																											
3. Details of University / Institution Studied (SSC, HSC and above) <table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">Degree</th><th style="text-align: center;">Discipline</th><th style="text-align: center;">University/ College</th><th style="text-align: center;">Year</th><th style="text-align: center;">Average Marks/CGPA</th><th style="text-align: center;">Class</th></tr></thead><tbody><tr><td>(a)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(b)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(c)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(d)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(e)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>			Degree	Discipline	University/ College	Year	Average Marks/CGPA	Class	(a)	_____	_____	_____	_____	_____	_____	(b)	_____	_____	_____	_____	_____	_____	(c)	_____	_____	_____	_____	_____	_____	(d)	_____	_____	_____	_____	_____	_____	(e)	_____	_____	_____	_____	_____	_____
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(a)	_____	_____	_____	_____	_____	_____																																					
(b)	_____	_____	_____	_____	_____	_____																																					
(c)	_____	_____	_____	_____	_____	_____																																					
(d)	_____	_____	_____	_____	_____	_____																																					
(e)	_____	_____	_____	_____	_____	_____																																					
4. Additional Qualifying Examination [if any]																																											

5. Professional Experience (Technology/ Research/ Industrial) if any :

Name of Organisation	Designation	Period		Nature of Work
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Personal Information :

- (a) Father's / Husband's Name : _____ (g) Martial Status : _____
- (b) Father's / Husband's Occupation : _____ (h) Gender : Male/ Female
- (c) Mother's Name : _____ (i) Category: OBC/ SC/ST/GEN : _____
(If yes, enclose attested copy of certificate Issued)
- (d) Place of Birth : _____ (j) Whether physically challenged: **Yes / No**
(If yes, furnish the certificate to this effect)
- (e) Mother Tongue : _____ (k) Domicile
- (f) Nationality : _____ (l) Aadhaar No.

7. Proposal title of research work

(Please attach a small write up next exceeding one page)

8. DECLARATION

I hereby declare that I have carefully read the instruction and particulars supplied to me and that the entries made in the application form are correct to the best of my knowledge and belief. I understand that association (active or passive) with any unlawful organization is forbidden. If selected for admission, I promise to abide by the rules and discipline of the Institute.

I note that the decision of the Institute is final in regard to selection and assignment to a 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 or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

Place : _____

Date : _____

Signature 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