



GEETANJALI UNIVERSITY

N.H.8, Bypass, Near Eklingpura Chauraha, Udaipur (Rajasthan) - 313001

Phone : +91 (0294) 2500000-6 ; Fax No. : +91 (0294) 2500007 ; www.geetanjaliuniversity.com

[Established under Act No. 07 of 2012]

All India Pre-Ph.D. Entrance Examination : 2024-25 for Admission to DOCTORATE (Ph.D.) in Medical Sciences, Nursing, Pharmacy, Dentistry, Physiotherapy and Allied Health Sciences

APPLICATION FORM

Form No.: GU/Ph.D./

To be filled in CAPITAL letters only

Course Name : Ph.D. (_____)

Paste Recent
Passport Size
Photograph (Do
not staple / pin the
Photo)

1. Candidate's Name :

2. Date of Birth :

D	D	M	M	Y	Y	Y	Y

 3. Gender :

M	F

4. Marital Status : Single Married

5. Nationality : _____

6. Category : Gen SC ST OBC Others (Please specify) _____

7. Differently-Abled : Yes No

8. Economically Weaker Section : Yes No

9. (a) Father's /Husband's Name :

(b) Mother's Name :

10. Permanent Address :

11. Correspondence Address (if different from above) :



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12. Educational Qualifications :

Qualification	Name of School/ College/ Institution	Name of Board/ University	Year of Passing	Overall Marks (%) of Grade
1.				
2.				
3.				
4.				
5.				

13. Aadhar Number :

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Note :

- * Please enclosed attested copies of 10th,12th, UG Marksheets & Degree, PG mark sheets & Degree, Certificate of Internship, Registration Certificate, Aadhar Card and Teaching/Clinical Experience & NOC (For in service candidates).
- * Please enclose Demand Draft of Rs. 5000/- drawn in favour of **Geetanjali University** payable at Udaipur.
- * Candidate can submit the form in person or via courier to the **Dean PG Studies, Geetanjali University, Udaipur (Rajasthan) - 313001.**

DECLARATION BY THE APPLICANT

1. I hereby declare that the above information is true and complete to the best of my knowledge and belief. I am aware that if any information herein is found to be incorrect or incomplete my application form will be rejected/admission will be cancelled.
2. I am aware of rules and regulations of the objective type competitive examination, and if I am found using unfair means or committing any irregularity, I can be expelled from the examination or my result can be cancelled by the Geetanjali University.

D.D. No. Amount (Rs.) Date of Issue

Name of Bank & Branch

Signature of Applicant

Place : _____

Date : _____



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Annexure - 1*

Form to be retained at the Examination Centre

GEETANJALI UNIVERSITY
Udaipur, Rajasthan
All India Pre-Ph.D. Entrance Examination : 2024-25

(All entries except Roll No. to be filled in by the candidate)

Roll No.

Name of Candidate :

Father's Name :

Full Postal Address :

.....

.....

Paste Recent Passport Size Photograph (Do not staple / pin the Photo)
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Signature attested

Full Signature of Candidate
(To be taken in the Exam. Hall)

Examination Centre
Superintendent

Full Signature of Candidate (To
be signed while filling form)

GEETANJALI UNIVERSITY
Udaipur, Rajasthan
All India Pre-Ph.D. Entrance Examination: 2024-25

(All entries except Roll No. to be filled in by the candidate)

Roll No.

Please admit :

Son/Daughter of

At the

..... centre.

Paste Recent Passport Size Photograph (Do not staple / pin the Photo)
--

Date :

Controller of Examination

*** Annexure-1 to be filled by the candidate and send back with original application form.**