



APPLICATION FORM

Information for Admission to Ph. D. Programme in R.D.

Department of Lifelong Learning & Extension, University of Mumbai

V. V. Bhavan, 'B' Road, Churchgate, Mumbai

Ph. No- 022-22813020, Email Id- dlleuniversityofmumbai@gmail.com

Name of the Candidate:

Surname

First / Own Name

Father's / Husband's Name

Mother's Name

Gender

Male		Female	
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✓ against the appropriate column

Category

Open		SC		ST		DTA		NT-B		NT-1		NT-2		OBC/ SBC	
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Address for Communication: _____

Pin _____ Tel / Mobile _____

Email Id _____

Qualification including professional experience in Teaching / Research and NGO

Sr. No.	Degree	Subject	University	Year of Passing	Percentage	Class

At present I am Student of _____ Course, in the _____ Institute in the Subject of _____

Title of current research problem: _____

_____ hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief and in case if the Dept. finds anything incorrect in my application form the same can be rejected by the Institute.

Signature of the Candidate

Date:

Statement of Purpose

1. Name in full : _____
2. Gender : _____
3. Category : SC ST OBC SBC Open
4. Date of Birth & Age : _____
5. Academic Qualifications : _____
6. Teaching Experience : _____

7. Experience in the field of Rural Development : _____

8. Area of interest in Research : _____

9. Why you want to do Ph.D. in Rural Development : _____

10. Any other information you want to write: _____

11. Name of the Books related with your Topic referred by you : _____

Name & Signature with date