

NATIONAL LAW UNIVERSITY ODISHA

Sector 13, CDA, Cuttack – 753 015, Odisha

Telephone: (0671) 2338015 Ext. 5040

E-mail: acc@nluo.ac.in

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here

APPLICATION FOR PH.D. PROGRAMME FOR THE ACADEMIC YEAR 2017-18

PERSONAL INFORMATION:

Ph.D	Full – Time								
	Part – Time								
(Please Tick in the above Box, whether Full time or Part Time)									
Name of the Applicant (IN CAPITAL LETTERS)									
Date of Birth		Gender							
Category									
Name of mother									
Name of father									
Name of Guardian, if any.									
Annual income of the parents/guardian									
Nationality									
Correspondence Address									
							PIN		
					Email				
Phone No.									
Permanent Address									
							PIN		
					Email				
Phone No.									

ACADEMIC QUALIFICATIONS (Enclose attested copies of relevant documents):

S. No.	Name of Examination	School/College/University	Year	Class/ Division	% of Marks
1.	S.S.L.C				
2.	H.S.C.				

3.	Graduation (B.A./B.Com./B.Sc./B.B.A.)				
4.	Post Graduation (M.A./M.Com./M.Sc./M.B.A.)				
5.	LL.B. /B.L.				
6.	LL.M. /M.L.				
7.	M. Phil.				
8.	NET/JRF				

RESEARCH PUBLICATIONS, IF ANY:

S. No.	Title of the Paper	Details of Publication
1.		
2.		
3.		
4.		

WORK EXPERIENCE, IF ANY:

S. No.	Name of Employer	Designation	Period
1.			
2.			
3.			
4.			

I hereby affirm that the information given by me in this application is complete and true to the best of my knowledge and belief. In the event of me being admitted to the course, I undertake to abide by the Rules and Regulations as may be prescribed by the University from time to time.

Signature of the Applicant

Date: ____/____/____ (DD/MM/YYYY)

Place: _____

NO OBJECTION CERTIFICATE

(For employed candidates only)

This is to certify that Ms/Mr _____ who is applying to the Ph.D. programme offered by the National Law University Odisha (NLUO), Cuttack, is an employee of _____
_____ (name of the institution/organisation). The institution/organisation has no objection in allowing her/him to pursue the same, which includes sanctioning leave required for this purpose.

(Signature and Seal of Authorised Signatory)

Name and Designation of Authorised

Signatory: _____

Name of

Institution/Organisation: _____

Date: ____/____/____ (DD/MM/YYYY)