



# BIKANER TECHNICAL UNIVERSITY, BIKANER

## बीकानेर तकनीकी विश्वविद्यालय, बीकानेर

University College of Engineering & Technology, Bikaner Campus

Karni Industrial Area, Pugal Road, Bikaner-334004 (Rajasthan)

Phone: 0151-2250948, Email: [researchofficebtu@gmail.com](mailto:researchofficebtu@gmail.com), website: [www.btu.ac.in](http://www.btu.ac.in)

### APPLICATION FORM FOR THE 1<sup>ST</sup> SEMESTER REGISTRATION OF Ph.D. SCHOLORS

- A. 1. Name.....
2. Date of Registration.....
3. Registration status (Full-Time/Part-Time) .....
4. Address along with phone numbers  
Present.....  
.....
- Email Add: \_\_\_\_\_ Landline/Mobile No. \_\_\_\_\_
- Permanent.....  
.....
5. Details of fees deposited (enclose copy)  
Challan No:.....Date:.....
6. Name of Father .....
- Add of Father: ..... Mobile No: \_\_\_\_\_
- Name of Mother.....
7. Date of birth of the applicant .....
- (Attach the documentary proof for date of birth)
8. State and Nationality to which the applicant belong
9. Reservation category: Gen/ SC/ST/OBC (non- creamy layer)/others  
(specify)(Attach the certificate)
10. Academic Qualifications (Starting from Secondary School Examination)

School/college/ university	Examination passed	Year	Marks % or CGPA	Class/Division	Major subjects/ specialization



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### 11. (a) Details of Industrial/Research experience if any (in the Descending Order)

Period	Name of employer	Designation and nature of work

(b) Publications/Patents/Award.....

(Attach separate sheet, if necessary)

(c) Valid Gate score (if any)

(d) Details of Scholarship

Date:

Signature of Applicant

### B. To be filled in by the supervisor (s)

Department/Centre/Research Centre in which the applicant is registered.....

Detail of course work

S. No.	Course Name	Name of Course Instructor	Signature of Course Instructor

Name(s) and address of Supervisor(s)

(i) .....

(ii) .....

(i)..... (ii).....

(Signature of Supervisor(s))



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### C. Recommendation of the Head of the Institute

It is recommended to register Mr./Ms .....in 1<sup>ST</sup> semester of session ..... as a Full-Time/Part-Time candidate.....

Date: Signature and Seal of the Head of Research Centre /Centre/Director of UCE

(All registration form to be sent to Research office BTU, Bikaner for further processing)

### D. FOR USE OF RESEARCH OFFICE

Form Checked and the recommendations of the Department / Centre are submitted for consideration of Dean (Research).

(Research Office)

### E. ORDERS OF DEAN RESEARCH

On the basis of above recommendation the registration is approved / not approved.

Dean Research