

Dr. Babasaheb Ambedkar Marathwada University,**Aurangabad****FORM OF APPLICATION FOR REGISTRATION FOR DEGREE OF
DOCTOR OF SCIENCE / DOCTOR OF LITERATURE**

Registration Fee Rs. 1000/- paid by the applicant while submitting this application vide D.D. No. ----- University Office Receipt No. ----- dated -----, The Demand Draft should be in the name of Registrar, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad payable to Bank of Maharashtra, University Branch, Aurangabad,

The Director,
Board of College and
University Development,
Dr. Babasaheb Ambedkar
Marathwada University,
Aurangabad.

Sir/Madam,

I request that my name may please be registered as candidate for research leading to the Degree of Doctor of Science / Doctor of Literature in ----- Dr. Babasaheb Ambedkar Marathwada University. My name has not been registered previously as a candidate for D.Sc / D.Lit degree or for any other degree of this or other University. Following are the details which are true to the best of my knowledge and belief.

Name in full in block letters :-

Applicant's Name Dr. -----

Father's / Husband's Name -----

Surname -----

Date of Birth :- -----

Caste :- ----- Sub-Caste :- -----

Permanent Home Address

Institution / Organisation Address

Present Status / Designation :- -----

E-Mail:- -----

Mobile No.:- -----

Tel No Residential:- ----- Office :- -----

Academic Qualifications :-

Sr. No.	Name of the Examination	Year of Passing / Date of Award of Ph.D. Degree	Class Obtained	Name of the University	Optional Subjects
1	PG Course				
2	Ph.D.				

(Persons who hold qualifying degrees of other Universities have to obtain Eligibility Certificates from this University before applying for registration.)

I am submitting herewith a synopsis and summary of the thesis.

Place : -----

Date : -----

Signature of the Applicant.

Signature of the Head of the Institute / College.