

## DRIEMS UNIVERSITY, ODISHA

### APPLICATION FORM FOR Ph.D. PROGRAMME

**Academic Year: (2026-27)**

Passportsize  
 photograph

**Note:**

- 1) Incomplete application will not be accepted.
- 2) Application fee once paid will not be refunded.
- 3) Please fill the application in BLOCK LETTERS only

1. Name of the Candidate: \_\_\_\_\_  
 (As per 10<sup>th</sup> Class Marks Sheet)

2. Father's/Husband's Name: \_\_\_\_\_

3. Address for Correspondence (Fill in the box provided below)

H.No/Door No. \_\_\_\_\_ Street/Village \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

4. Contact Number

+91										
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5. E-Mail id:

6. Date of Birth

DD	MM	YYYY

7. Category

OBC	SEBC	SC	ST	PH

8. Major Area of Research : {please tick(√)any one}

Applied Sciences	
Engineering	
Management	

Pharmacy	
Nursing	
Natural Science	

9. Department: \_\_\_\_\_

10. Category of PhD scholar:  Full time /  Part time {please tick(√)any one}

**11. Academic Details:** {Starting from SSC(10<sup>th</sup> Class) (Please enclose true copies of all self-attested documents )}

Examination	Year of passing with Division	Subject / Specialization	School/College where studied	Board / University (Place)	Aggregate Percentage
HSC/SSC					
Intermediate/ Diploma					
Graduation					
Post Graduate					
Any others					

**12. Details of Employment: (for Part-time Ph.D. candidates only)**

Enclose photo copies of work experience / service certificates with full address of organization.

Name of the Employer / Organization	Designation	Duration of Employment		Regular/ Temporary appointment	Nature of work
		From	To		

**13. Details of UGC-CSIR/NET/GATE/ GPAT:**

NET/GATE/ GPAT		Year of Passing:	
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**Declaration by the candidate**

I Mr. /Mrs. \_\_\_\_\_ S/o. / D/o. \_\_\_\_\_

shall abide by the Academic Regulations implemented time to time by the DRIEMS University, Odisha. I also declare that the particulars furnished in this application are correct and complete to the best of my knowledge. Any incorrect information is found my admission shall be cancelled at any point of time.

Place:  
 Date:  
 Mobile No  
 Email ID:

Signature of the Candidate

**Check-list of the attachments**

S. No	Name of the documents	Yes/ No
1	10 <sup>th</sup> Class Marks Certificates	
2	+2 Marks Certificates	
3	Degree(UG) Certificates	
4	Master Degree (PG)	
5	Migration Certificate ( Last Studied)	
6	Caste Certificates	
7	UGC-CSIR/NET/GATE / GPAT valid score card	
8	Any other certificate	

**The hard copy of the filled application along with the required documents (self-attested) should reach on or before 11/07/2026 in the following address.**

**Research and Development Cell  
3<sup>rd</sup> Floor, Administrative Building  
DRIEMS University, Odisha  
At- Kairapari, Po-Kotasahi (Tangi), Dist–Cuttack, Pin – 754022**