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| **Sant Longowal Institute of Engineering and Technology**  **Longowal (Sangrur), Punjab-148106**  **(Deemed to be University), (Established by MoE, Government of India)**  **Tel: 01672-253142, 253112**  **Application Form for admission under AICTE Doctoral Fellowship (ADF) Scheme**  **Admission Session:2020-21 (Even Semester-2021)** | | | | | | | | | | | | | | | | | |
| **NAME (IN CAPITAL)** | | |  | | | | | | | | | | |  | | --- | | Paste your recent passport size photograph | | | | | |
| **FATHER’s NAME (IN CAPITAL)** | | |  | | | | | | | | | |
| **MOTHER’s NAME (IN CAPITAL)** | | |  | | | | | | | | | |
| **Educational Qualification:** | | |  | | | | | | | | | |  | | | | |
| **Area of Specialization** | | |  | | | | | | | | | |
| **Result Status :** | | |  | | | | | | | | | |
| **CGPA / Marks %age of B.E./B.Tech** | |  | **CGPA / Marks %age of M.E./M.Tech** | | |  | | | | **Choice of Area / Department** | | | * Electrical & Inst. Engg. * Mechanical Engineering * Chemical Engineering | | | |  |
| **Are you GATE / NET qualified?** | | |  | | **Admission sought for:** | | | | | | | | **Ph.D (ADF)** | | | | |
| **GATE / NET Qualifying Year**  (Candidate should have qualified GATE / NET during last 05 years) as per ADF Scheme) | | |  | | **GATE / NET Marks** | |  | | | **Physically Handicapped** | | | Yes / No | | | | |
| **Religion:** | | |  | | | | **Annual Income:** | | | | | |  | | | | |
| **Gender** |  | | **Email ID :** | | | | | | | | | |  | | | | |
| **Nationality** |  | | **Date of Birth** (Candidate Should be less than 30 years as on date of admission) (age relaxation of 05 years for SC/ST, women & Physically handicapped) as per ADF Scheme | | | | | | | | | | | |  | | |
| **Aaadhar No.** | | |  | | | | | | **Social Category** | | General / OBC / SC /ST | | | | |  | |
| **Mobile No. 1** | | |  | | | | | | **Mobile No.2** | | | | | | |  | |
| **Current / Correspondence Address** | | |  | | | | | | | | | | | | | | |
| **Permanent Address** | | |  | | | | | | | | | | | | | | |
| **Bank Transaction ID for Application Fee** | | |  | | | | | | **Transaction Date** | | |  | | | | | |
| **Amount of Fee paid** | | |  | | | | | | | | | | | | | | |
| **Declaration:** I hereby declare that all the particulars stated by me in this application form are true to the best of my knowledge and belief. I have read the information guidelines for ADF-2020 and I shall abide by the terms and conditions therein. Also it is entirely my responsibility, at the time of Counselling to prove my eligibility for admission to Ph.D. course in respect of qualification and entitlement for admission against reserve category, if claimed, to the satisfaction of the institute. Further, in the event of suppression or distortion of any fact made in my application form, I understand that my candidature is liable for cancelation. I also understand that the decision of the admission committee of SLIET regarding my admission is final and I shall abide by the decision. Further, if admitted, I promise to abide by the rules and norms of the institute. | | | | | | | | | | | | | | | | | |
| **Candidate Signature** | | | | **Left Thumb Impression** | | | | **Right Thumb**  **Impression** | | | | | | **Guardian Signature** | | | |
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| **Note: Fill the Form properly. Take a print out of this form. After signing and pasting your latest photograph and thumbs impression on this form, send a Scanned copy and Soft copy of the Form at** [**phd@sliet.ac.in**](mailto:phd@sliet.ac.in)**, from authentic email ID as being mentioned by the candidate above.** | | | | | | | | | | | | | | | | | |