

(A Religious Minority University) (University established by an Act No.18 of Karnataka State Legislature)

Address: Admission Cell, Khaja Bandanawaz University Campus, Rauza-i Buzurg, KALABURAGI - 585 104 Contact No. +91 8472 236041 (Extn. 128 & 136) Website: kbn.university E-mail: registrar@kbn.university

PROVISIONAL APPLICATION FORM FOR PH.D. BY COURSE WORK AND RESEARCH

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Program Type

			1		Full In	me / Part Time	
Name of the C	andidata:						
Parent / Guard		G 1			1		
Date of Birth		Gender			onality		
Aadhaar No:				C	ategory		
Academic (Qualifications:						

Department

Sl. No	Name of the Degree	Name of the University	Specialization	Percentage of Marks	Year of Passing

Application and Processing Fee Details:

Faculty

	Rs.2,000/- in favor of "Finance Officer, KBN University" payable at Kalaburagi D. D. No date
Bank Name	
Applicant's Address for correspondence:	
Phone:	
Email:	

Research	papers:					
Published	National Journals			Communicated	National Journals	
	International Journals				International Journal	
No. of Conf	erences attended	•				
Faculty Name	e:					
Department:						
Area of Resea	arch proposed:					
				f the Organization		
				-	ommending the candi	
our emplo	yee Mr. /Ms./ Mrs.				for carrying out	research
for his/her	r Ph.D. by research	n at				on
Part time/ our record		e informa	tion	provided by the ca	ndidate is found corre	ect as per
					Seal and Sign Principal/H	

Check List:

Sl. No	Particulars	Attached
1	Bio-data	
2	All degree Certificates and Marks cards (Photocopies).	
3	In case the candidate is possessing degree from Foreign University, the Equivalence Certificate issued by the Association of Indian Universities (AIU) should be enclosed	
4	Aadhaar Card (Photocopy)	
5	Demand Draft of Rs. 2,000/- drawn in favor of Finance Officer, KBN University and payable at Kalaburagi.	

Date Signature

KHAJA BANDANAWAZ UNIVERSITY, KALABURAGI.

Application No

APPLICATION FORM

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Progra	am Applied for :					
Acade	emic Qualifications	<u> </u>				
SI. No	Name of the Degree	Name of the University	Specialization	Percentage of Marks	Year of Passing	
Vationa	lity	Gender				
ne & A	ddress:	(For O	fficial Use Only)			
			umber:	Paste (do not pin) passport size photograph in this		
ogram Applied for:		Date : Test Co Report	enter: ing Time:	space		
		Declaration by	the Candidate		•	
I		hereby		information giv	ven by me are	
true to my can	the best of my knowle	edge. In the event of ar e for cancellation by the	y information being	found incorrect	or misleading,	
Date: Place:				Signature of t	he Candidate	
	Ne	Objection Certifica	te of the Organiza	tion_		
This is		rganization has no ob	-		idature of our	
employ	yee		for car	rying out resear	ch for his/her	
Ph.D.	by research at			on part time/fi	all time basis.	
The in	formation provided b	y the candidate is fou	nd correct as per ou	r records.		