



# USHA MARTIN UNIVERSITY

Established by the Government of Jharkhand as per Section 2(f) of UGC Act 1956  
 (Member of Association of Indian Universities, AIU)  
 At Village Narayansoso Block Office Ranchi - Purulia Road,  
 Highway, Angara, Jharkhand 835103

Website: www.UshaMartinUniversity.com  
 Email: info@UshaMartinUniversity.com

## Entrance Exam Form for Admission to the Ph.D. Programme (Full/Part-Time) SESSION 2025

Please affix your  
 self-attested  
 recent photograph

### 1. PARTICULARS OF THE CANDIDATE

Name																			
Father's Name																			
Mother's Name																			
AGE	DOB				DATE				MONTH				YEAR						
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male					Category: <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> Scheduled Caste <input type="checkbox"/> Scheduled Tribe														
ARE YOU Physically Disabled?					<input type="checkbox"/> No				<input type="checkbox"/> Yes, If Yes, Please Specify disability										
Permanent Address										Postal Address									
State					Pin Code					State					Pin Code				
<input type="checkbox"/> With Area Code										Mobile									
Email _____ @ _____																			

2. Discipline of Study (i.e. Computer Science, Management, Physics, Chemistry, Education , Law, Pharmacy, Journalism & Mass Communication.

3. Topic of Intended Ph.D. Study (only for Ph.D. Candidates)


### 4.

Test Qualified	<input type="checkbox"/> UGC NET	<input type="checkbox"/> SLET	<input type="checkbox"/> M.Phil	<input type="checkbox"/> ICRA TEST
If Qualified	Discipline		Certificate No & Date (enclose copy)	

I confirm that all entries in application and the appended documents ARE TRUE IN ALL RESPECT and that the STUDY PROPOSAL HAS BEEN PREPARED BY ME. I understand that any information / document if found to be false, will automatically cancel my candidature and render me liable for such action as the University may deem fit.

Signature of Candidate:

Date:

5. ACADEMIC RECORD Please enclose self-attested copies of all Marks-Sheets & Certificates.

CLASS 10th	Year of Passing		Board	<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
			Marks Obtained		<input type="checkbox"/> STATE BOARD
			Maximum Marks		% of Marks
CLASS 12th	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Commerce		Board	<input type="checkbox"/> CBSE	<input type="checkbox"/> ICSE
			Marks Obtained		<input type="checkbox"/> STATE BOARD
	Year of Passing		Maximum Marks		% of Marks
Bachelor's (Specify)	Discipline		College	University	
			Marks Obtained		% of Marks
	Year of Passing		Maximum Marks		
Master's (Specify)	Discipline		College	University	
	Year of Passing		Marks Obtained		% of Marks
M.Phil	Discipline		College	University	
	Year of Passing		Marks Obtained		% of Marks

6. RESEARCH / TEACHING EXPERIENCE / WORK EXPERIENCE

From	To	Organisation	Position	Job Description

7. PUBLICATIONS (use a separate sheet if necessary) Enclose copies / Re-Prints

Title of Paper	Journal	Vol. Month & Year	Co Author (If any)

8. FEEDBACK: How did you come to know about the Program

UMU Advertisement	in				
Press Announcement	in				
Friends		Own Institution		Internet	

CHECKLIST OF ENCLOSURE <input type="checkbox"/> Mark & Tag in this Order			
<input type="checkbox"/> 1. Research Proposal	<input type="checkbox"/> 2. Copies of Marks-Sheets		
<input type="checkbox"/> 3. Copies of Publications	<input type="checkbox"/> 4. DD for INR 2500/-		

Signature of Candidate:

Date:



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## HALL TICKET Ph.D. PROGRAMME: SESSION 2025

Student Copy

NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact No.: (M) \_\_\_\_\_ (R) \_\_\_\_\_

Last Qualification with Percentage: \_\_\_\_\_

Examination Center: **UMU Campus**

Signature of Candidate: \_\_\_\_\_

Please affix you  
self-attested  
recent photograph

(For Office Use, Only)

Application form checked and found eligible / not eligible / exempted for Entrance Examination.

Remarks: \_\_\_\_\_

\_\_\_\_\_

A Fee of INR 2500/- (INR Two Thousand Five Hundred Only) received as Application Form and Processing Fee.

Receipt No.:

Date:

DD/Cash

Checker

Cashier



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NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Discipline of Research: \_\_\_\_\_

Subject in Post-Graduation: \_\_\_\_\_

Contact No.: (M) \_\_\_\_\_ (R) \_\_\_\_\_

Last Qualification with Percentage: \_\_\_\_\_

Choice of Examination Center: \_\_\_\_\_

Roll No.: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

Office Copy

Please affix you  
self-attested  
recent photograph

