

**INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR**

***Application for Registration to IITKGP-University of ..... Joint Doctoral Program***

**Instructions for filling this form:**

- ✓ Please treat all fields as mandatory. Incomplete application will not be considered. In case any field is not applicable then please put 'NA'.

**1. APPLICANT'S DETAILS:** Please provide your name and date of birth as per your passport.

Name (as in ID card)	
Date of Birth	
Place of Birth	
Nationality	
Photo ID Proof	(Please attach/Enclose)

**2. Dept./School/Center Details:**

D/S/C	
Applicant Roll No.	
No. of months spent in the Ph.D Programme at IITKGP	
Name of PI	
Email ID of PI	
Contact Number(s) of PI	

**2. APPLICANT'S CONTACT DETAILS:** Please provide your current email and phone details

IITKGP Email Address	
Alternate Email Address (if any)	
Contact Number (with country code)	
Alternate Contact Number	

Please provide your current mailing address:

Country	
Address Line 1	
Address Line 2	
Address Line 3	
Suburb/Town	
State	
Postcode	

**3. ACADEMIC QUALIFICATIONS/ EDUCATIONAL DETAILS:** Start with most recent. Please include any ongoing programme

Sl no	Name of the Degree/ Exam	School/ College/ University	Year of completion/expected	GPA (or equivalent)	Maximum GPA scale (or equivalent)	Major/ Specialisation/ subjects	Transcripts / Grade Card
1.							Attach
2.							Attach
3.							Attach
4.							Attach
5.							Attach

**5. ACADEMIC PUBLICATIONS: YOU MAY ADD MORE ROWS IF REQUIRED**

Sl. No	Title of Conference Paper/ Journal Paper/ Book Chapter/ Book	Author(s)	Publication Details (Publisher, Volume no., Pages, Year)

**7. ADDITIONAL DETAILS OF YOUR STUDY AT IIT KHARAGPUR:**

Project Details	
Proposed Title	
Research Topic Description (Maximum 300 words)	
Statement of Purpose (Maximum 750 words)	Attach/Enclose

**8. Have you identified a potential mentor/supervisor at the Partner Institute?**

YES \_\_\_\_\_ NO \_\_\_\_\_

If you have answered YES to the Q# 8 above please provide details

University of Auckland	
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Principal Supervisor	
Contact information	

**9. Please provide names and contact of 2 referees:**

1.	
2.	

**DECLARATION**

All Information shared by me is complete and correct to the best of my intention. I understand that falsifying any information may result in my application for registration to the JDP being cancelled.

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Student Name and signature