



UNIVERSITY OF HYDERABAD

Affix latest
passport size
photo and sign
across it

Application Form for Admission to different Programmes of the University to be submitted by International Students

Course applied for: _____

Academic Year : _____

1. Name : _____
Surname first name Middle name

2. Father's name: _____
(Husband's name in case of married woman)

3. Mother's name: _____

4. Gender: [] Male [] Female

5. Date of birth: Day _____ Month _____ Year _____

6. Place of birth: _____

7. Nationality : _____

a) Passport No. _____

(Attach photocopy of the first and last pages)

b) OCI/PIO Card No. _____

(Attach photocopy)

8. Mailing address: _____

_____ PIN Code _____

9. Telephone No. _____ Mobile: _____
(with ISD code)

10. Email Id: _____

11. Occupation (Status and Institution): _____

12. Major field of specialization : _____

13. Source of funding: Self-financed [] Sponsored []

14. If sponsored, name of the sponsoring agency: _____

15. Academic qualifications (please furnish the particulars from Matriculation onwards and attach certified copies of all certificates)

College/University attended	Year	Degree earned	Major field

16. Professional employment history (beginning with most recent)

From	To	Position	Institution

17. Publications, if any : _____

18. a) Proficiency in English language : _____

(Attach TOEFL/IELTS Certificate)

b) Knowledge of Indian Languages, if any: _____

Please provide the following data, if seeking admission to a Ph.D. programme

19. Title of the proposed research project : _____

20. Major objectives of investigation : _____

21. Problems to be investigated : _____

22. Places to be visited : _____

23. Research methodology to be followed : _____

24. Type of data to be collected and sources from which they are to be gathered:

NOTE:

Precise information against the items 19–24 above should be given in the proposal for research project. This proposal should be attached to this application.

Declaration

I do hereby declare that the information furnished above is correct and complete to the best of my knowledge. I understand that my application may be rejected, if any part of the information is found to be false.

Place:

Date :

Signature of the applicant