



“Empowering India through Education”

ORIENTAL UNIVERSITY, INDORE

(Established as per Section 2(f) of the UGC Act, 1956)

Opp. Rewati Range Gate No.1, Sanwer Road, Jakhya, P.O.Aurobindo, INDORE – 453555 (M.P)
Ph.: 0731-2448700 / 2448600 email: registrar@orientaluniversity.in, info@orientaluniversity.in

APPLICATION FOR DOCTORAL PROGRAM

Research Area (Faculty) .: _____

Personal Details (Write in Capital Letters Only)

Full Name: _____

Mobile Number: _____ Email ID: _____

Address for Correspondence: _____

_____ Aadhar No. _____

Date of Birth: _____ Nationality: _____ Religion: _____ Category: _____

(GEN/SC/ST/OBC/OTHER)

Father's Name: _____

WHETHER NET/SET/GATE/ANY OTHER EQUIVALENT EXAMINATION QUALIFIED? YES / NO Year: _____ Score: _____

Academic Details:

Name of the Examinations	Examination passed	Name of Institute/ Major Subjects University	Year of Passing	Marks obtained	(%)
10 th or equivalent					
12 th or Equivalent					
Bachelor Degree					
Master Degree					
M.Phil					
Others					

Application Fee Details:

Demand Draft No.: _____

Date: _____

Drawn on Bank: _____

Amount: _____

Details for Payment by NEFT

Account Details

Bank- Oriental Bank of Commerce
Account No. 07881131000847
Branch: Jakhiya, Indore
IFSC- ORBC0101697

Format of Student details to be submitted with NEFT receipt

Student Name-
Father Name-
Contact No.-
Course/Branch-
UTR No./Transaction Id-
Transaction date-
Amount and Fee Head-
Remitter Bank Name-

Contact Detail

Email- accounts@orientaluniversity.in
Tel- 0731-2448607

Declaration

- a. The information given above is true & correct to the best of my knowledge & Belief.
- b. I commit to abide by the Rules and Regulations of the University.

Place: _____ Date: _____

Signature of Applicant