

INDIAN INSTITUTE OF TECHNOLOGY (BANARAS HINDU UNIVERSITY)

VARANASI – 221 005

Affix your recent colour photograph here

Application Form for Admission to M.Tech. / M.Pharm. / Ph.D. Programme

(See Instructions for filling this application form)

I. Department/School		IV. Student Status	
II. Admission for Degree		V. Financial Status	
III. Category		VI. Physically Challen	ged
C	odes for I-VI are give	n in Instructions.	
1. Name of the Applicant: Mr./M (in Block Letters)	s		
2. Father's Name: (in Block Letters)			
3. Mother's Name: (in Block Letters)			
4. Sex: Male/Female	5. Mari	tal Status: Married/Un	married
6. Nationality:	If foreign n	ational, Passport No.	
7. Date of Birth:	M M Y Y	8. Place of Birth :	······
9. Address for Correspondence:			
Phone NoMobil			
10. Permanent Address:			
Phone NoMobi	e No	E-Mail	
11. Application Fee: (Through l	Demand Draft)		
(a) Amount Rs	DD No		Date
(b) Issued by (Bank's name &	z branch)		

N.B. An amount of Rs.500/- for General/OBC/PC candidates or Rs. 250/- for SC/ST candidates per programme (M.Tech./M.Pharm./Ph.D.) should be paid. The draft should be sent to the Department/School which is your first preference.

12. Details of Academic Record/Research Experience:

A. Whether qualified GATE/GPAT/CSIR/UGC NET or any other fellowship exam --- YES/NO

ne Ex	am discipline	GATE/GPAT Score and/or CSIR/UGC NET Rank	Year
,	ne Ex	ne Exam discipline	<u> </u>

Note: For M.Tech./ M.Pharm programmes, a valid GATE/GPAT score is required.

B. Qualifying degree (*) already obtained or in progress

Institute/College (Name and Address)	University (Name and Address)	Discipline	Degree	Exam Date	Final Results declared/ Expected by	Pass Marks % or Grade Point Average
	Sem. I	Sem. II	Sem. III	Sem. IV	Sem. V	Overall % or Grade
% Marks or Grade Point Average	Sem. VI	Sem.VII	Sem. VIII	Sem. IX	Sem. X	Point Average (If degree completed)

C. Other qualifications: High school onwards (*) (Do not include the Degree listed in 12B)

Institute/College (Name and Address)	University (Name and Address)	Discipline	Degree	% Marks or Grade Point	Date of Completion

^{*} Attach attested copies of score card, certificates, mark sheets, etc.

D. Working experien	nce (**):
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Date (from – to)	Employer	Position	Nature of Work

^{**} A candidate presently working in an organization must provide a Certificate from the employer as per Forms I, II, III & IV whichever is applicable or copy of his/her resignation letter submitted to the employer.

	Forms I, II, III & IV whichever is applic	cable or copy of his/her resignation	on letter submitted to the employer.
Е.	Number of technical papers/book (provide details separately)	s:	
	Published in Journals	Published in	n Proceedings
	Published as Articles	Published as	s Books
W	epartment/School and specialization ants to join	· · · · · · · · · · · · · · · · · · ·	
1.	Department/School		
2.	Department/School		
3.	Department/School		
4	Specialization (i)(ii)	• •	, ,
4.	Department/School		(iv)

obtained in sealed and signed envelopes by the	
1	2
15. Declaration by the Applicant	
Certified that all the information provided by me on	this form is correct to the best of my knowledge and
belief. I understand that any willful misinterpretation	n of facts will result in my dismissal from the Institute.
If admitted, I shall abide by all the rules and regulation	ons of the Institute.
Date:	Signature:

INSTRUCTIONS FOR FILLING THIS FORM

- 1. The completed Application Form must reach on or before **Tuesday**, **May 14**, **2013 for M.Tech.** and **Ph.D.** programmes in Engineering or Saturday, June 22, 2013 for M.Pharm./Ph.D. programmes in Pharmaceutics.
- 2. Either TYPE or PRINT the entries on the form neatly.
- 3. Go through the codes for Items 8-13 given below, and fill them carefully in the boxes on Page-1.
- 4. All items marked with an asterisk (*) require you to submit an attested copy of the same. PLEASE DO NOT SEND ORIGINALS. Documents for which attested copies are required are given in the checklist. Please tick the items in this checklist that you are attaching with this form.
- 5. The application fee of Rs. 500/- for General/OBC/PC candidates or Rs. 250/- for SC/ST candidates must be paid through demand draft in favour of "The Registrar, IIT (BHU) Varanasi", payable at "State Bank of India, IIT (BHU), (Code No. 11445), Varanasi".

CODES (FOR ITEMS I-VI)

I (Department/School Codes):

Department of Chemistry = **CM**; Department of Mathematics = **MA**; Department of Physics = **PY**; Department of Ceramic Engineering = **CR**; Department of Chemical Engineering and Technology = **CH**; Department of Civil Engineering = **CE**; Department of Computer Engineering = **CS**; Department of Electrical Engineering = **EE**; Department of Electronics Engineering = **EC**; Department of Mechanical Engineering = **ME**; Department of Metallurgical Engineering = **MT**; Department of Mining Engineering = **MN**; Department of Pharmaceutics = **PH**; School of Biochemical Engineering = **BC**; School of Biomedical Engineering = **BM**; School of Materials Science and Technology = **MS**

- II (Admission for Degree): MT = M.Tech., MP = M.Pharm., PH = Ph.D.
- **III** (Category): **SC*** = Scheduled Caste (*certificate required), **ST*** = Scheduled Tribe (*certificate required), **OBC*** = Other Backward Class (*Certificate of Non-Creamy Layer required, which is dated not earlier than six months), **GE** = General, **FN** = Foreign National
- **IV** (Student Status): Full-Time Regular = **FT**, Full-time Sponsored = **SD**, Part-Time Internal = **PT**, Part-Time External = **EX**
- **V** (Financial Status): Full-Time Sponsored (*) = **SD**; Institute Assistantship requested = **IA**, Other = **OT**
- **VI** Physically Challenged = **PC**

CHECKLIST (SEND ONLY ATTESTED COPIES, NOT-ORIGINAL ONES)

1. Date of Birth (DOB) Certificate or High School (Class-X) Certificate with DOB (Required for all candidates)	
2. SC/ST/OBC Certificate if applicable	
3. Certificate of Physical Status (type of disability to be attached), if applicable	
4. Certificate of medical fitness from any Medical Registered Practitioner (in original)	
5. Sponsorship Certificate for sponsored candidates	
6. GATE/GPAT/CSIR/UGC Score Card	
7. Copies of mark/grade sheets	
8. No Objection/Relieving Certificate from employer (for employed candidates) OR Copy of Resignation Letter	
9. The Demand Draft for application fee of Rs.500/- or Rs.250/- as applicable.	
10. Two letters of reference	
11. One self-addressed envelope of 23 cm x 10 cm. stamped worth Rs.22/-	

Mailing Address for Submission of Application: [Please submit original application along with the DD to the Department/School which is your first preference and mail copies (up to and including Page 4 of this Form) including that of the DD to other preferred Departments/Schools]

The Convener, Department Postgraduate Committee (DPGC)

Form-I

Sponsorship Certificate for Full Time Candidates (This should be typed on the letterhead of the sponsoring organization)

	Reference No:
To The Director Indian Institute of Technology (BHU) Varanasi	Date:
Subject: Sponsoring Our Employee as a Full M.Tech./M.Pharm./Ph.D. Programm	
Dear Sir,	
We hereby sponsor Mr./Ms Shri	/Ph.D. programme in the Department/School nstitute as a full-time student.
It is certified that he/she has completed two years of service employee.	ce in our organization/Institute as a regular
He/she will be granted study leave for four/six seme M.Tech./M.Pharm. or Ph.D. programmes, respectively. It is back on his/her employment on the same post after the conprogramme and Form – 16 will be issued to him/her during h	is further certified that he/she will be taken in pletion of his/her M.Tech./M.Pharm./Ph.D.

Signature, Name and Seal of the Sponsoring Authority

Form-II

No-Objection Certificate for Project Staff of IIT (BHU) (This should be provided by the concerned Principal Investigator of IIT (BHU), Varanasi)

	Reference No:
	Date:
Го	
The Director	
Indian Institute of Technology (BHU) Varanasi	
Through: Head of the Department/Coord	inator of School
Subject: No-Objection Certificate for Pro	ject Staff of IIT (BHU).
Dear Sir,	
I have no objection if Mr./Ms	, a
project employee on the post of	in the project
working un	nder me in the Department/School of
, is adm	itted to the Ph.D. programme in the
Department/School of	
I agree to allow him/her to attend the classes and/or carry out rese	earch work as are required under the rules
and regulations governing the Ph.D. programme of the Institute.	
	Signature, Name and Seal of the Principal Investigator

Forwarded by

Signature with date & seal of the **Head of the Department/Coordinator of School**

Form – III

No Objection Certificate for Part-Time Internal Ph. D. Candidates (This should be typed on the letterhead of the concerned

Head of the Department/Coordinator of School)

Reference	ce No
Date : To The Director Indian Institute of Technology (Banaras Hindu University) Varanasi	
Subject: No objection certi	ificate
Dear Sir,	
I have no objection if Mr./Ms. permanent faculty of the Department/School of	It to the Ph.D. programme in the
It is certified that he/she is a permanent employee of our departn	nent working since
He/she will be allowed to attend classes and carry out resear regulations governing Ph.D. programmes of the Institute. In a other assigned duties.	-

Signature with date & seal of the **Head of the Department/Coordinator of School**

Form – IV

Sponsorship Certificate for Part-Time External Registration Category

- 1. This should be typed on the letterhead of the sponsoring organization
- 2. Strike off the options that are not applicable.

Reference No:	• • • • • • • • • • • • • • • • • • • •
Date:	

To

The Director

Indian Institute of Technology (BHU)

Varanasi

Subject: Sponsoring an Employee for M.Tech./M.Pharm./Ph.D. Programme for Part-time External Registration Category

- 1. Name of the sponsoring organization:
- 2. Address:
- 3. Name of the applicant:
- 4. Designation of the applicant:
- 5. Present status of the applicant:
- 6. Division/Section where research work is proposed to be done:
- 7. Available local supervisor:

(Bio-data of local supervisor is being enclosed giving details as designation, qualification, research experience with areas of research etc. along with their consent for research guidance)

8. Details of relevant facilities which will be made available to the candidate:

It is certified that the applicant has completed two years of service in our organization/institute as a regular employee.

- (a) If the applicant is admitted to the M.Tech./M.Pharm. programme, we agree to relieve him/her to be available at IIT (BHU), Varanasi for the minimum residency period required to complete the course work and also from time to time after that, for dissertation evaluation examination and discussions with internal supervisor from IIT (BHU).
- (b) If the applicant is admitted to the Ph.D. programme, we agree to relieve him/her to enable him/her to be available at IIT (BHU), Varanasi to (i) complete the required course work, (ii) pass the comprehensive examination and to (iii) get a written proposal (prepared in consultation with his/her supervisor and co-supervisor) outlining the work proposed to be done for his/her thesis. He/she will be permitted to visit IIT (BHU) from time to time for discussions with internal supervisor from IIT (BHU) as well as for evaluation of his progress.

The applicant will be permitted to carry out dissertation/thesis work under the guidance of the above-mentioned local supervisor at our organization leading to the M.Tech./M.Pharm./Ph.D. degree. The necessary facilities with us will be provided for the purpose.

We agree to relieve him/her with study leave for the above said period with full pay and we will take him/her back into service after the expiry of his/her leave.

Signature, Name and Seal of the Sponsoring Authority



INDIAN INSTITUTE OF TECHNOLOGY (BANARAS HINDU UNIVERSITY) **VARANASI–221 005**

CONFIDENTIAL

LETTER OF REFERENCE

Note to the Candidate:				
Candidate may give this for academic potential for Ph.D				
Name of the Applicant :				
Department/School to Whic	h Admission Is S	Sought		
Note for the Referee				
To help us in the appraisal or you are requested to fill in the treated as strictly confide	the following info			
1. I have known the applicar	nt for	years.		
My knowledge of this stud	dent based on:			
	Having him/	her in one or more co	ourses	
	Knowing hin	n/her personally		
	Supervision	of his/her thesis/proj	ect	
	Inquiry and	discussion with my co	olleagues	
2. Performance in my Cours	ses:			
Course Title	e	No. of Students	Grade	Remarks
3. The candidate ranks app	proximately	in a class of about	stı	udents.
4. My rating of the candid	ate in following t	traits:		
My rating or the canala	•		_	
	Excellent	Good	Poor	Unable to judge
Analytical Ability				
Experimental Skills				
Motivation				
Written and Oral Expression				
Responsibility				
Teaching Ability				

5.	Any other remarks					
6.	To summarize, I would say that the applicant:					
	is	s likely to become a brilliant scholar or an outstanding leader in his/her area of research				
	į	s likely to do very well in the Ph. D. Programme				
	į	s likely to perform satisfactorily in the Ph.D. Programme				
	į	s not a good prospect for Ph.D. Programme				
7.	7. My recommendation :					
	I	recommend him/her without any reservations				
	I	recommend him/her				
	I	do not recommend him/her				
Name of the Referee Signature						
D	Designation/Position	Date				
Α	Address					
		Pin Code				
Ε	E-mail					
Ρ	Professional qualification of	of the Referee				