



FORM NO.

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

**DOCTOR OF PHILOSOPHY IN PUBLIC SYSTEMS, SOCIAL WELFARE & MANAGEMENT
OF CALCUTTA UNIVERSITY
(SESSION : 2024-2025)**

*1. Name : Mr./Mrs./Miss. _____
(IN CAPITAL LETTERS) FIRST NAME MIDDLE NAME SURNAME

*2. Aadhaar No.

*3. Father's / Husband's Name :

*4. Mother's Name :

*5. Guardian's Phone Number :

*6. Date of Birth :

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

7. Gender :

| | | |
|------|--------|--------------|
| Male | Female | Third gender |
|------|--------|--------------|

*8. Nationality :

9. Religion :

*10. Catagory : General / NC-OBC / Scheduled Caste / Scheduled Tribe

*11. **Annual Family Income :**

*12. **Last Financial Year's Income Tax Return Submitted by Guardian : YES / NO**

*13. Physically Challenged : YES / NO

14. If Yes Disability Percentage :

*15. Blood Group :

*16. Address for Communication : _____

_____ *Mobile No. _____

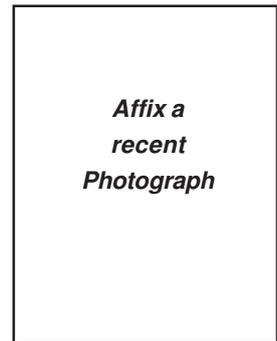
*E-mail : _____

17. Academic Qualification : (School Board Examination onwards)

| Examination | Board/University (Name of School/College) | Year | Main Subject (Specify Honours) | Marks Obtained/ Total Marks | CGPA or DGPA | % of Marks | Class/ Div. |
|-------------|--|------|-----------------------------------|-----------------------------------|-----------------|---------------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note Fields with (star) * mark are Mendetory

PTO



18. Other Qualification, if any :

19. Details of Job Experience, if any (attach extra sheet if necessary)

| Organisation | Designation | Department | Salary | Period of Service |
|--------------|-------------|------------|--------|-------------------|
| | | | | |
| | | | | |

*20. CSIR-UGCNET Qualified
if yes, year & score

YES NO

21. Any other Scholarship / Stipend :

22. Extra Curricular Activities :

23. (a) Fees Paid Rs. 1500/- (b) Date of Payment _____ (c) Mode of Payment : Cash / Online (UTR#.....)

Duly completed application form should reach the
reception of the Institute by **12th July, 2024**

Signature of the Applicant

Date :

Place :

List of Documents to be attached (Self-attested photocopy only. Please bring originals for verification during Personal Interview at IISWBM) :

1. Class X, XII Marksheet
2. Bachelor's and Master's degree certificate and Marksheet (For final year candidates, provide all marksheets till last year / semester)
3. Proof of Date of Birth (Birth Certificate or Aadhaar Card or Class X Admit Card or Passport)
4. CSIR-UGENET Score code if applicable
5. Certificate for SC/ST/NC-OBC, if applicable
6. Certificate for Physical Disability, if applicable
7. Proof of extracurricular activities/achievements and experience (if applicable)