



JADAVPUR UNIVERSITY

Faculty Council of Science

Kolkata - 700 032, India

APPLICATION FORM FOR FOREIGN NATIONALS

Ph. D/ Post Graduate / Under Graduate Degree Courses

A. General Information:

1. Level of Course:

Degree: PhD

Post Graduate

Under Graduate

(Tick which is applicable, any one)

2. Year in which you wish to enroll (Starts from July every year):

3. Name of the Course in which you want to take admission

4. For Ph.D. Candidate please mention the Name of the Department / School:

B. Biographical Information

1. Name of the Applicant (in block letters):

Last Name/Surname

First Name

Middle Name

2. Other name (s) which may appear on your academic records

3. Mailing/ Postal Address for Correspondence:

Pin Code / Zip Code

State

Country

Fax Number

Telephone Number

E-mail Address

4. Permanent Address (if different from above)

Pin Code / Zip Code

State

Country

5. Gender: Male Female Third Gender

6. Date of Birth (Day / Month/Year)

7. Country of Citizenship

Country by Birth

8. Passport No

Valid up to

9. Native Language (if other than English)

10. Medium of Instruction of in School. / College / Institutions

C. Candidates' Academic information: (Standardize Tests)

Graduate Record Exam (GRE)	Score
Verbal Reasoning Score	
Quantitative Reasoning Score	
An Analytical Writing Score	

Scholastic Aptitude Test (SAT)	Score
SAT 1	
SAT2	

Test of English as a Foreign Language(TOEFL)	Score
Paper- based TOEFL	
Computer- based TOEFL	
Internet- based TOEFL	

International English Language Testing (IELTS)	Score
IELTS Academic version	

D. Educational History

List below the official names of all colleges, and universities and School previously attached, begin with the last one.

EXAMINATION PASSED	APPROPRIATE AUTHORITY OF SCHOOL/ COLLEGE/ UNIVERSITY	LOCATION , (CITY, STATE, COUNTRY	SUBJECTS TAKEN	YEAR OF PASSING	DIVISION/ CLASS/ GRADE	DURATION OF THE COURSE	CUMULATIVE GPA

Names and addresses of two Referees:

- _____
- _____

D. CERTIFICATION

I certify that the information in this application is current, complete and correct. I understand that omission or falsification of information contained within or furnished in addition to this application may result in invalidation of admission/registration and /or dismissal from the university.

By submitting this application, I accept and agree to abide by the rules and regulations of Jadavpur University India if I am admitted as a student, including those regarding drug and alcohol abuse, and understand that the unlawful use of drugs or alcohol will subject me to the penalties.

If the conditions affecting my residency status change, I will notify office of Joint Registrar, Jadavpur University in writing within fifteen (15) days of such change.

Name of applicant _____ Date _____

Signature of applicant _____ Date _____

(Application must be signed by the candidate).