



**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY,  
DESIGN AND MANUFACTURING, KURNOOL**  
(An Institute of National Importance funded by MHRD, Govt. of India)  
Jagannathagattu, Dinnedevarepadu, Kurnool-518007, Andhra Pradesh  
Ph: 08518-289-114 Fax: 08518-289-127

**Application form for PhD Admission**

1. Department Applied for		Affix Photograph with light back ground
2. Specialization		
3. Broad Areas of Research	a) b) c)	
4. Full name of the Applicant		
5. Name of Father / Husband / Guardian		
6. Address for Communication		
	Phone No.	Landline: Mobile:
	Email	
7. Permanent Address		
	Phone No.	Landline: Mobile:
8. Date of Birth (dd/mm/yy)	/ /	Age: Y M
9. Nationality		
10. Sex	Male / Female/Other	
11. Category	GEN / OBC / OBC-NC / SC / ST / EWS / PwD	

12. Particulars of the GATE / any other Exam	GATE Score/ Rank	Year of qualifying	Department

13. Educational Qualifications (Starting with 10<sup>th</sup> Standard)

SI No	Degree	Branch/ Specialization	Institution / University	Year of Admission	Year of leaving	Percent- age / Grade	Regular /Part time/ Distance

14. Work Experience in industry, if any (in reverse chronological order)

SI No	Name of the Organization	Designation held	Date of joining (dd-mm-yy)	Date of leaving (dd-mm-yy)	Duration (yy-mm)	Total Emolument (per annum)

15. Details of publications (Journals, Conference papers, Books, Articles, etc.), if applicable

No. of SCI/SCIE/Scopus Journals: No. of Other Journals: No. of International Conferences: No. of Other Conferences: No. of Book Chapters: No. of Other Publications (Please Specify):
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16. State any worth mentioning achievements/awards/medals etc.

17. Any other information you wish to mention:

#### UNDERTAKING

I hereby declare that I have carefully read and understood the instructions and all information furnished in this form as well as the attached sheets are true and correct to the best of my knowledge and belief. I fully understand that if it is found later that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Date:

(Signature of Applicant)

Place:

**Note: Attach all the supporting documents.**