INSTITUTE OF PHYSICS, BHUBANESWAR

Application for Enrolment in the Ph.D. Programme of the Institute

Name of the Scholar :

Permanent Address
With Telephone / :
Mobile Number (if any)

Name and address with telephone No.
of contact persons in Bhubaneswar
or nearby area/city, to whom can be :
informed in case of emergency

Topics of research :
(to be suggested by the guide)

I am willing to accept Ms./Mr. ____ as a Doctoral Research Fellow.

Signature of the Scholar
Date :

Signature of the Guide
Date :