

# NATIONAL LAW UNIVERSITY ODISHA

Sector 13, CDA, Cuttack – 753 015, Odisha

Telephone: (0671) 2338015 Ext. 5041

E-mail: [exam@nluo.ac.in](mailto:exam@nluo.ac.in)

Paste self  
attested  
passport size  
photograph  
here

## APPLICATION FOR PH.D. PROGRAMME FOR THE ACADEMIC YEAR 2021-22

PERSONAL INFORMATION:

Ph.D	Full – Time					
	Part – Time					
(Please Tick in the above Box, whether Full time or Part Time)						
Name of the Applicant ( IN CAPITAL LETTERS)						
Date of Birth		Gender				
Category						
Name of mother						
Name of father						
Name of Guardian, if any.						
Annual income of the parents/guardian						
Nationality						
Correspondence Address						
					PIN	
				Email		
Phone No.						
Permanent Address						
					PIN	
				Email		
Phone No.						

ACADEMIC QUALIFICATIONS (Enclose attested copies of relevant documents):

S. No.	Name of Examination	School/College/University	Year	Class/ Division	% of Marks
1.	S.S.L.C				
2.	H.S.C.				

3.	Graduation (B.A./B.Com./B.Sc./B.B.A.)				
4.	Post Graduation (M.A./M.Com./M.Sc./M.B.A.)				
5.	LL.B. /B.L.				
6.	LL.M. /M.L.				
7.	M. Phil.				
8.	NET/JRF				

**RESEARCH PUBLICATIONS, IF ANY:**

S. No.	Title of the Paper	Details of Publication
1.		
2.		
3.		
4.		

**WORK EXPERIENCE, IF ANY:**

S. No.	Name of Employer	Designation	Period
1.			
2.			
3.			
4.			

I hereby affirm that the information given by me in this application is complete and true to the best of my knowledge and belief. In the event of me being admitted to the course, I undertake to abide by the Rules and Regulations as may be prescribed by the University from time to time.

Signature of the Applicant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Place: \_\_\_\_\_

## **NO OBJECTION CERTIFICATE**

(For employed candidates only)

This is to certify that Ms/Mr \_\_\_\_\_ who is applying to the Ph.D. programme offered by the National Law University Odisha (NLUO), Cuttack, is an employee of \_\_\_\_\_  
\_\_\_\_\_ (name of the institution/organisation). The institution/organisation has no objection in allowing her/him to pursue the same, which includes sanctioning leave required for this purpose.

(Signature and Seal of Authorised Signatory)

Name and Designation of Authorised

Signatory: \_\_\_\_\_

Name of

Institution/Organisation: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)