

## JADAVPUR UNIVERSITY

**Faculty Council of Engineering & Technology** Kolkata - 700 032, India

# APPLICATION FORM FOR FOREIGN NATIONALS

Ph. D / Post Graduate / Under Graduate Degree Courses

A. General Information:				
1. Level of Course:			_	
	Post Graduate	Under Gra	duate	
(Tick which is applicable, any one)				1
2. Year in which you wish to enroll (Starts fro				] ¬
3. Name of the Course in which you want to	take admission			
4. For Ph.D. Candidate please mention the Nat	me of the Department /	School:		
B. Biographical Information				
1. Name of the Applicant (in block letters	i <b>):</b>			
Last Name/Surname		First Name		Middle Name
2. Other name (s) which may appear on yo	ur academic records			
3. Mailing/ Postal Address for Correspon	L			
J. Walling 1 ostal Address for Correspon	defice.			
Pin Code / Zip Code	Sta	ate		Country
	Fax Number			
Telephone Number	E-mail Addre	ess		
4. Permanent Address (if different from a	ibove)			
Pin Code / Zip Code	Sta	nte	C	ountry
5. Gender: Male Female	Third Gender 6. Date	e of Birth (Day / Month	/Year)	
7. Country of Citizenship		Country by Birth	·	
8. Passport No		□ Valid up to		
·		<u> </u>		
9. Native Language (if other than English				
10. Medium of Instruction of in School. / Co	llege / Institutions			

## **PHOTO**

## C. Candidates' Academic information: (Standardize Tests)

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

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

(Application must be signed by the candidate).

Scholastic Aptitude Test (SAT)	Score
SAT 1	
SAT2	

International English Language	Score
Testing (IELTS)	
IELTS Academic version	

### D. Educational History

D.

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 address	os of two Poforoos:						
	es of two Referees.						
2							
CERTIFICATION							
•	information in this applica or furnished in addition to		•				
	s application, I accept and g those regarding drug and						
If the conditions days of such cha	affecting my residency statinge.	us change, I will no	tify office of Joint Re	egistrar, Jada	avpur Universi	ity in writing with	in fifteen (15)
Name of applic	ant					Date	
Signature of ap	oplicant					Date	