



Comilla University
Cumilla-3506

Application Form for Doctor of Philosophy Program

- *Attach a complete Doctoral Research Proposal/Synopsis*
- *Attach the supervisor's consent form*
- *Attach copies of all certificate, transcripts, publications and other documents*

Passport Size Photo
(Two copies)

Part-I: To be filled by the Applicant

Department/Institute/Center:.....

Faculty:.....Session:.....

▪ **Personal Details**

Name of Candidate (Bangla) (Not applicable for foreigners)	
Name of Candidate (English) (Block Letter)	
Father's Name	
Mother's name	
Name of Spouse (if applicable)	
Gender	
Nationality	
Religion	
Date of birth	
National ID No./ Passport number	
Permanent Address	
Present Address	
E-mail address	
Mobile Number	
Alternative E-mail address	
Contact No. and Address on Emergency	

For Foreign Applicants Only:

- a. Passport Number: _____ b. Issuing Authority: _____
- c. Visa Type: _____ d. Duration of Visa: _____
- e. Contact Point at the Embassy:
- (i) Name: _____ (ii) Designation: _____
- (iii) Telephone No: _____ (iv) Mobile No: _____
- (v) E-mail: _____

▪ **Academic Qualifications & Experience**

i. Academic Qualifications

Name of Degree	Group/Subject	Board/University	GPA/CGPA/ Division/Class	% in case of Division/Class	Passing Year
SSC or Equivalent					
HSC or Equivalent					
Bachelor Degree					
Master Degree					
MPhil Degree/ Master's by Research					

ii. Information on Research/Teaching/Other service experience in Govt/Private/Autonomous/Semi-autonomous body/Institutions:

Current Occupation:

Name of Organization	From	To	Total Duration	Designation	Main Responsibilities

Previous Experience

Name of Organization	From	To	Total Duration	Designation	Main Responsibilities

Total Experiences including current occupation: _____ Years _____ Months

(iii) Number of Articles Published: _____ (Recent 05)

No.	Article Title	Journals Name	Indexed In	Authors' name as per their positions
1.				
2.				
3.				
4.				
5.				



▪ **Doctoral Study Research Proposal/Synopsis** (Attach the as synopsis as per guidelines)

Proposed Research Information	
Field of Research	
Title	
Supervisor (Name and Designation)	
Co-Supervisor (If any)	

Declaration: To the best of my knowledge, the above information is true, correct, and complete. I understand that appropriate authority of Comilla University may withdraw or amend my offer or cancel my enrolment or take any measure if information of documents submitted in connection with this application are found to be false, incorrect and incomplete

Date and Signature of the Applicant

Part-II: To be filled by Appropriate Authority of Comilla University

Decision: Recommended/Not Recommended for PhD admission

Name and Designation of the Recommended Supervisor:

.....
Date and Signatures of the HSC members

.....
Date and Signature of HSC Chairman

Approval of Academic Committee: Approved/Not Approved

Head of the Department

Recommended by Faculty Executive Committee meeting held on

.....
Date and Signature of Dean, Faculty of.....

[Please see Comilla University website (www.cou.ac.bd) for specific information for PhD Program]

