

APPLICATION ID -----

ITM SKILLS UNIVERSITY, KHARGHAR, NAVI MUMBAI

Affix a recent Passport size photograph

APPLICATION FORM FOR Ph.D. PROGRAMME IN MANAGEMENT 2025

FORM SERIAL NUMBER -----

ITM Ph.D Programme -					
Academic Year					
Applicant's Personal Details					
Title					
First Name					
Middle Name					
Last Name					
Mobile No.					
Email ID					
Date Of Birth					
Gender					
Nationality					
Address Details					
Is Permanent Address Same as	Communication Address: NO				
	Communication Address	Permanent Address			
Address Line 1					
Address Line 2					
Country Name					
State Name					
District Name					
City Name					
Pin Code					
Your area of specialization for	Ph.D Programme (Tick any 1):				
General Management					
Economics					
Entrepreneurship					
Finance & Accounting					
Marketing					
	Human Resource Management				
Production and Operations N	Management				
Business Analytics					
Digital Media and Marketing					
Retail Marketing					
Sustainability					
Health Sciences					
Hotel Management					
Design and Media					
Others PI specify	Others PI specify				

Which field of study are you interested in? Give reasons:

A typed copy of abstract of your research [in about 1500 words] on the proposed area of study in the following format should be attached)

- (a) Specialization of the broad field of study
- (b) Introduction to the specific problem/area of interest (Current issues, importance, and rationale for the problem)
- (c) Research/Work experience in that area if you have any
 (d) Reading you have done in that area/motivation or importance of the problem

Educational Qualific	ations			
	10th	12th	Graduation	Post-Graduation
Institution				
City				
Mode of Education				
Board/University				
Stream Degree				
Year of Passing				
Marking Scheme				
Percentage/C GPA				

	Additional Qualifications			
	Type of Qualification	Name of the Institution	Year of Completion	Percentage of Marks
1				
2				
3				
4				

Entrance Test – NET / ITM Test	
NET if applicable – Score	

Wor	k Experience					
	Company	Designation	From Year	To Year	Monthly Remuneration	Reason of Leaving
1						
2						
3						
Tota	l Period of Work Ex	rperience (In Months):				

Name Designation				
Designation	The state of the s			
Designation				
Email Address				
Capacity in which known				
· · ·				
Phone no				
Organisation				
In case of RTGS/NEFT transfer, provide	de the following details for Registrati	on fee of 2000/-		
·				
Name of the Applicant				
Bank Name				
UTR Number				
Date of Transfer				
Amount of Transfer				
Tick mark if you have enclosed the fo (Only attested copies need to be atta Degrees and Diplomas only at the tin	ached to the application. Candidates	• • •	riginal certificates and testimonials of	
Degrees and Diplomas only at the till	ne of interview.			
Copy of a document giving proof of	Date of Birth (e.g., Birth Certificate	, School Leaving Certificate,	etc.	
Class X Marksheet				
Class XII Marksheet				
Two Photograph				
Certificate Copy of Bachelor's Degre				
Copy of Bachelor's Degree Marks/ (
Certificate Copy of Master's Degree				
Copy of Master's Degree Marks/ Gr				
Copy of M.Phil. Degree Certificate (if Applicable)			
Research Abstract				
Copy of Work Experience Certificate	е			
Demand Draft/RTGS details				
Adhar Card/ Pan Card/ Driving Licer	nse/ Voting Card			
Any Other (Pl specify)				
Declaration				
and conditions are subject to Mum	bai jurisdiction and no other cour rmation is true to the best of my l	t shall have jurisdiction in t knowledge. I authorize ITM	Skills University and any of its employees to us	e
		ı		
Applicants Signature				
Date				

Please mention the names and designations of two academic referees who can testify to your ability to pursue the Ph.D.