



ST. XAVIER’S INSTITUTE OF EDUCATION
Affiliated to the Univ. of Mumbai, Recognized by N.C.T.E.
NAAC Reaccredited ‘A’
40A, NEW MARINE LINES, MUMBAI – 400 020.

**Application Form for
Ph.D. (Ed.)
(DOCTOR OF PHILOSOPHY IN EDUCATION)
2026-2027**

Passport Size
Photograph

1a. Name of the Candidate (As appearing on the Statement of Marks of the Graduate Degree)

Shri/Smt /Kum	Surname	First Name	Middle/ Second Name	Father/ Husband’s Name	Mother’s Name

1b. Changed Name if any:_____

2. Mumbai Address for correspondence:

Mobile No. : _____ ; **E-mail id:** _____

3. Date of Birth:_____ **4.Gender:** ☐ Male ☐ Female ☐ Other

5. Religion: _____ **6. Marital Status:** Married ☐ Unmarried ☐ Priest/Nun ☐

7. Teaching Experience: _____ years. **8.Category if any:** _____

9. Physical Disability Status: Yes ☐ No ☐ ; **Type:**_____

10. Educational Qualifications:

Certificate/Degree	Main Subjects taken	Month & Year of Passing	% of Marks obtained	Class / Grade	Board / University
SSC / Matric or Equivalent	---				
HSC or Equivalent	---				
Graduation B.A./B.Sc./B.Com./_____					
Post-Graduation M.A./M.Sc./M.Com./_____					
Bachelor of Education					
Masters in Education M.Ed. / M.A.(Education)					
M.Phil. (Education) if applicable					
NET / SET / PET					
Any other Qualification/s					

DECLARATION OF THE CANDIDATE:

I, the undersigned _____ hereby declare that the information filled in by me is correct. I agree to abide by the rules and regulations of the College, Mumbai University & Govt. of Maharashtra, pertaining to the Course. I confirm and agree to my scores entered hereon.

Date: _____

Signature of Applicant