

APPLICATION FORM

Ph.D. PROGRAM



DUNSTER
BUSINESS
SCHOOL
SWITZERLAND

Dunster Business School Ph.D. Program is targeted towards the pursuit of academic excellence. It aims at providing an intellectual environment and a curriculum comparable with the top Ph.D. programs in Europe and North America.

Important:

- Please return the completed form, duly signed, together with the necessary supporting documents, to the Administrative Office of the Faculty concerned.
- Please do not send original documents.
- Your application will not be returned.
- Only the candidates with a complete application package will be considered for admission.
- The doctoral program's official language is English.
- All documents provided must be written in English or the local Center's language. Any document in another language must be submitted with a translation, certified by the embassy or consulate of the originating country.

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DETAILS OF THE NOMINEE

Full Name	:	<input type="text"/>					
Phone No	:	<input type="text"/>	Date Of Birth	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Full Address	:	<input type="text"/>					
Nationality	:	<input type="text"/>	Postcode	:	<input type="text"/>		
Passport Number	:	<input type="text"/>	City / Country	:	<input type="text"/>		
E-Mail	:	<input type="text"/>					
Driver License	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gender	:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Qualifications	Bachelor or diploma (please enclose copy)
	<input type="text"/>
	Exact name of degree or diploma
	<input type="text"/>
	University
	<input type="text"/>
	Town / City
	<input type="text"/>
Student number	<input type="text"/>
Start	Year of completion
<input type="text"/>	<input type="text"/>
Official residence at the time of obtaining	<input type="text"/>
the qualification	<input type="text"/>

Master or other degrees

Exact name of award

University

Town / City

Student number

Year of award

From (year)

Official residence when degree was awarded

Previous education**School-leaving certificate**

Exact designation

Name of school / institution

Town / City

Year of award

Official residence at the time of obtaining certificate

Seeking admission to**Academic year**

Expected starting date

Verification Details

I have verified the original documents. The candidate fulfills the eligibility criteria as per the prescribed norms of the Institute.

Date :

Place :

Verified by (Counselor) :

Permanent Registration No. _____

Enrollment No. _____

Signature & Seal
(Admissions Head)