**DK INTERNATIONAL RESEARCH FOUNDATION**

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**APPLICATION FOR THE HONORARY DOCTORATE AWARDS**

|  |  |
| --- | --- |
| Name of the University |  |
| Name of the Candidate |  |
| Age  |  |
| Date of Birth |  |
| Designation  |  |
| Department |  |
| Institution / Organization |  |
| Nationality  |  |
| Your Passport Size Photo (insert the recent photo soft copy) |  |
| Educational Qualification |  |
| Academic / Social Work Experience |  |
| Career / Professional Achievements |  |
| Address |  |
| Contact Number |  |
| Email |  |
| Field of Specialization |  |
| Specify the degree type which you want to be awarded in Honorary Doctorate (Choose anyone) | Doctor of Philosophy (Ph.D)Doctor of Literature (D.Litt)Doctor of Letters (D.Litt)Doctor of Science (D.Sc)Doctor of Humane Letters (D.H.L)Doctor of Laws (L.L.D)Doctor of Fine Arts (DFA)Doctor of Humanities (D.Hum)Doctor of Divinity (D.D)Doctor of Music (D.Mus)Doctor of Theology (Th.D)Doctor of Architecture (D.Arch)Doctor of Social Science (D.S.Sc)Doctor of Education (D.Ed)Doctor of Psychology (Psy.D)Doctor of Arts (DA)Doctor of Business Administration (D.B.A)Doctor of Health Sciences (D.H.Sc)Doctor of Technology (D.Tech)Doctor of Liberal Arts (D.L.A)Doctor of Mathematics (D.Math)Doctor of Arts and Humane Letters (D.A.H)Doctor of Business (D.B)Doctor of Civil Law (D.C.L)Doctor of Commercial Science (D.C.S)Doctor of Commerce (D.Com)Doctor of Physical Education (D.P.Ed)Doctor of Health Care (D.H.C)Doctor of Pedagogy (Pd.D)Doctor of Engineering (D.Eng)Doctor of Veterinary Medicine (D.V.M)Doctor of Public Administration (D.P.A)Doctor of Political Science (D.P.S)Doctor of Social Work (D.S.W)Doctor of Public Policy (D.P.P)Doctor of Nursing (D.N) |
| Specify the area in which you want to be awarded Honorary Doctorate(field of your specialization) |  |
| Write about your achievements in ten lines  |  |
| Declaration:I hereby make application as a learner under the university studies programme / honorary programme and I undertake that if admitted, I shall comply with the rules and regulations of the university. I hereby affirm that the information provided by me in this form is accurate. I understand that my admission/nomination may be withdrawn if I provide wrong information. There is no refund policy of the university and I hereby accept. I am applying / joining this course / degree in my own interest. Later on any claim will be raise from me, university / DKIRF Coordinators will not responsible for it. I will not ask any refund from university / DKIRF Coordinators in future. |
| Signature of the Candidate |  |
| Date |  |