



Columbia Pacific Virtual University

Head Office - 200W 100St New York NY 10027

Regional Office- 119-A, Khawash Ji ka Bagh, Durga Pura, Tonk Road, Jaipur,
Rajasthan (INDIA)

Honoris Causa Doctorate Award

Ph.D. / D.Litt. /D.Sc. awarded based on Personal Achievements, Experience and
Contribution towards Society and Nation Development

Personal Data

Name (in block letters only)				Affix Recent Color Photograph
Date of Birth (DD/MM/YYYY)				
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Mother Tongue		
Address of Communication				
			Country	
Nationality		Telephone Number		
Mobile Number		E-Mail Id		
Languages Known				

Life / Work Experience

Sr.	Position Held	Company / Firm / Institute / Organization	Joining	To

Awards / Recognition

Sr.	Award Name	Awarded by	Awarded on

*Attach additional one-page brief information or biography about self-experience / Achievements, if required.

Academic Records (Bachelor Degree Onwards)

Course	Specialization	Institute / University	Passing Year	Grade / (%)

Subject of Honoris Causa Doctorate Award: _

Conditions

1. If the Doctoral Monitoring Board of Columbia Pacific Virtual University is satisfied with the experience, achievements and contributions of an individual in a specific area it shall issue a provisional letter of confirmation.
2. The candidate should prepare a report of 30 to 50 pages based on his / her experience, achievements and contribution in the respective field and submit to university official address or should be send via email.

Note: All matters are subject to jurisdiction of India

Declaration by Candidate

All the particulars given above are true to the best of my knowledge. I am aware that Honoris Causa Doctorate Award is not an academic degree and cannot be used for academic or promotion purpose.

Thanking You

Sincerely Yours,

Applicant Signature

Date:

For Official Use Only

Verification Details

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

Date:

Place:

Registration No: _____
Enrollment No: _____

Verified by Centre Head/ Director with Seal