No. Challan /D.D.No.: …………………

 Photo

 Dated: …………….. Rs. …………

 **FORM OF APPLICATION FOR REGISTRATION AS A STUDENT FOR**

 **THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D)**

|  |  |  |
| --- | --- | --- |
| 1. | Name in full in capital letters (as per Marks Card of qualifying  exam) |  |
| 2. | Father Name : |  |
| 3. | Present Occupation: |  |
| 4. | Residential Address: Email ID: Cell No: |
| 5. | Whether the candidate comesUnder Article 371(J) | Yes/No |
| 6. | Caste: Sub-Caste: Category: |
| 7. | Qualifying Examinations | Month &year ofpassing withReg.No |  Name of the University | Subjects offered | Marksobtained |  Class |
| 1)  |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |
| 8. | Subject and area of specialization for Ph.D Course |  |
| 9. | Have you done research before? If yes,Provide details: |  |
| 10.  | Have you published any paper or article?Provide details: |  |
| 11. | Are you a Teacher? If yes ,Provide details: |  |
| 12. | Whether the applicant pursue the course as Part time or Full time. |  |
| 13. | M.Phil or NET/SLET/GATE/JRF degreePassed by the applicant with the year of passing subjects offered and the class obtained. |  |
| 14. | In case you have completed M.Phil /NET/SLET/GATE/JRF,do you seek exemption from Entrance Test?  | Yes/No |
| 15. | Any other information : |  |

 N.B.

1. No student will be admitted for the Ph.D Course unless he/she has passed the qualifying Masters degree, with minimum eligibility.
2. Every student who hold the qualifying degree of any other University will have to obtain certificate of eligibility from this University within one month from the date of registration.
3. The registration fee has to be paid along with the I term tuition fee, as per fee structure notified from time to time.
4. Admission and Registration to the course, attendance, admission to examination etc., shall be as per the University rules, regulations etc.,
5. Applications duly filled in should be submitted to the Chairperson concerned of P.G. Department of studies and research on or before the date prescribed. Applications received after the last date will not be accepted.
6. Incomplete applications or applications with incorrect information will be rejected at once.
7. Only attested copies of the required certificate be attached to the application. Originals should be presented at the time of interview and admission.
8. Candidates, admitted to Ph.D Course are not permitted to study any other degree course simultaneously (Regular or evening or correspondence course, etc.,)

To,

The Registrar,

Adikavi Sri Maharshi

Valmiki University, Raichur.

 I hereby solemnly and sincerely affirm that the statement made information furnished in my application and also in all the enclosures thereto submitted by me are true, should it however, be found that any information furnished therein is untrue in document particulars, I realize that I am liable for criminal prosecution and the seat in the Institution given to me shall be liable to be forfeited.

 Yours faithfully,

Place: …………………

Date: .………………... (Name & Signature of the applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TO BE FILLED BY THE DEPARTMENT

|  |  |  |
| --- | --- | --- |
| 1. | The full title of the research topic |  |
| 2. | The name of the Institution where the applicant proposes to work |  |
| 3. | Name of the Research Supervisor / Guide (to be filled by Dept.) |  |
| 4. | Whether the applicant pursue the course as Part-Time or Full-Time. |  |
| 5. | No. and date of the recommendation / decision of Department council |  |

 Signature

Date: ………………… Chairperson of the Department