



VIJAYANAGARA SRIKRISHNADEVARAYA UNIVERSITY

Jnanasagara campus, Vinayakanagara, Cantonment, Bellary.-583105

Application for Registration for the Ph.D Programme

Faculty	
Applied Department	

Fee Payment Particulars

Bank Name	
Branch	
Demand Draft No.	
Amount and Date of Payment	

Affix your
recent
Photograph

PERSONAL DETAILS

- Name of the Candidate: _____
(As in Degree certificate)
- Father/Mother/Husband's Name: _____
- Date of Birth:

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- Gender : _____
- Nationality : _____
- Category : _____
- Physically Challenged : Yes/No

8. Contact Details:

Address for Communication						Permanent Address					
Pin code						Pin code					
Email id:						Mobile No:					

9. Occupation/Present designation & Official Address, if employed (NOC from Employer to be attached): _____

10. Type of Ph D registration sought: Full-Time/Part-Time

11. Subject: _____

12. In the case of interdisciplinary subject, other than your master's degree subject, specify area of study: _____

13. Title of Research (Attach a copy of approved synopsis): _____

14. Full address of the Department /Laboratory/ Institution where the research work will be carried out: _____

15. Whether registered earlier under this University or elsewhere for Ph.D. Programme (if 'Yes', furnish document): _____

16. Date of Provisional Registration for Ph.D Programme: _____

17. Are you a recipient of any Research Fellowship? Yes/No

18. If, a recipient of fellowship, give type of fellowship and period of fellowship : _____

19. Are you working under a research project: Yes/No

20. If yes, specify the project name, funding agency, duration, and name of the Principal investigator: _____

21. Educational Qualification (from Bachelor's degree):

Degree	Subject	College/Institution/ University	Year of admission	Year of passing	% of marks/ CGPA	Class /Division

22. NET/JRF (UGC/CSIR)/KSET/SET/etc Details: (Enclose result/award letter) :

Roll No.	Award Letter Reference No-With date	Subject	Maximum Marks	Marks Obtained	%	Qualified For (JRF/ Assistant Professor)

23.Details of Research Supervisor(s):

Full Name: _____
Designation: _____
Department Address: _____

Email id: _____ Contact Number: _____

24.Co-Guide (If any)

Full Name: _____
Designation: _____
Department Address: _____

Email id: _____ Contact Number: _____

Declaration:

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true at any point of time, my registration will be rejected and cancelled without assigning any reasons thereof.

Place:

Dated:

Signature of the Applicant

Instructions to the Candidate:

Documents to be submitted at the time of applying for Ph.D. Registration are annexed.

1. Photocopy of the filled in Application Form along with this original form.
2. Original registration fee paid receipt.
3. Two attested photocopies of Provisional Registration Certificate.
4. Six copies of Synopsis duly countersigned by the Supervisor and Joint Supervisor (if any) with Official Seal, forwarded through Head of the department.
5. No Objection Certificate from Employer in original along with a photocopy of the same in case of employed applicant.
6. Two Passport size photograph, one to be affixed on this form duly signed by the Head of the department with department seal. The other photo to be attached (for use in the Ph.D. registration letter) with this form.
7. Attested photocopy of all marks cards and relevant certificates for SC/ST/OBC.
8. A CD containing a Self-Attested Passport size Photograph (in JPG format within 50Kb).

(Letter by Research Supervisor)

I certify that Sri/Smt. _____ has been carrying on his/her research work under me for registration of his/her name for the Ph.D. Programme in _____ (name of the subject).

The number of Ph.D. Candidates working under my supervisor ship in this university till date is _____.

I recommend Prof. /Dr. _____ to act as Co-Guide.

Full Signature of Co-Guide

With Official Seal of designation & Date

Full Signature of Supervisor

With Official Seal of designation & Date

Letter by Head of the Department

I certify that necessary space, equipment, laboratory and other facilities will be available at the department /Institution for carrying out research work as proposed by the candidate.

Full signature of the Head of the Department/Institution

with Official Seal & Date