 **SRINIVAS UNIVERSITY**

*Affix the Passport size photograph*

 **MUKKA, MANGALURU**

 Web :[www.srinivasuniversity.edu.in](http://www.srinivasuniversity.edu.in), Email: info@srinivasuniversity.edu.in

Phone: 0824-2477456

APPLICATION FOR ADMISSION TO ***PH.D/M.PHIL*** PROGRAMME

Admission Year  ***20\_\_\_\_\_\_*** Month ***\_\_\_\_\_\_\_\_\_\_\_\_***

*Programme Applied for*: Ph.D. M.Phil

*Streams:* Engineering Science Management Studies

Allied Health Science Social Sciences and Humanities

 Education Srinivas YSS&RC

|  |  |
| --- | --- |
| Name of the candidate(BLOCK LETTERS) |  |
| Father’s/Husband Name |  |
| E mail Address |  |
| Phone Number |  |
| ADDRESS |
| Present Address Permanent Address |
| Date of Birth | Aadhar Number | Gender | Category | Physically challenger(Yes/No) | Nationality | Marital StatusSingle/married |
|  |  |  |  |  |  |  |
| Full time |  | Part time |  |  |
| Academic Qualification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Degree | Name of the University | Specialisation/Branch | Percentage of marks/CGPA | Year of Pass |
| Master Degree |  |  |  |  |
| Bachelor Degree |  |  |  |  |

Whether cleared GATE/UGC/UGC–CSIR- NET/SLET/M.Phil/JRF? Yes/No If yes, SpecifyNoYes(If yes, enclose copies of the relevant certificates.) |
| If sponsored, whether the candidate is a permanent employee of Educational/ Research Institution or Public/ Private sector organization/FIP/QIP/ Project Fellow? NoYesIf yes, Specify(If yes, enclose copies of the relevant certificates.) |
| Whether the candidate is a foreign citizen?NoYes If yes, specify the Citizenship(If yes, enclose copies of the relevant certificates.) |
| Area of Research |  |
| Challan/ D.D. No.....................................for Rs.................................dated:............................ Name of the Bank: ................................................................................. |

|  |  |
| --- | --- |
| Title of the Proposed Research Topic |  |
| Proposed Guide NameDesignation Department Area of Research |  |
| Proposed Co-Guide Name(If any)Designation Department Area of Research |  |

Details of Number of Students Guide Supervising

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SI No | Name of the Candidate | Registration Number | Category of the Student(GM/PH/OBC/SC/ST) | Status of Progress of Research work |
|  |  |  |  | Comprehensive viva completed (Y/N) | Pre Thesis Collaquim Completed (Y/N) | Thesis Submitted(Y/N) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |

Signature of Guide with Seal Signature of Co – Guide with Seal

Signature of Head of the Institute with Seal

Enclosures:

1. Detailed bio-data of the candidate
2. Copies of Attested UG/PG Degree certificates of the candidate
3. No Objection Certificate from the Employer (For Part time only)
4. Acceptance certificate from the Guide and co-guide(If any), in original.
5. Guide’s declaration certificate about number of candidates presently working under him / her
6. Synopsis (one copy only)
7. D.D/ fee Paid Proof. for Rs.1000/-

*Note:*

* *Submit* ***3 number of sets****(Including with all Enclosures)*
* *Incomplete applications shall be* ***rejected.***

***Format for Declaration Certificate of GUIDE & Co-GUIDE***

I, ……………………………………...............is a permanent faculty /employee working as ………………………………in the Department of ………………………………………. in the organisation ……………………………………………………………..…..…...and is aged less than 65 years as on the date of admission notification, hereby certify that the candidate Mr./Mrs………………………….....................................................registering for ………….... degree under Srinivas University is not my son/daughter/immediate blood relative and the total number of candidates registered under me in Srinivas University and other Universities for both Ph.D/M.Phil taken together excluding presently applied candidates is (in Words)………. The information provided above is true to the best of my knowledge.

**Date:**

**Place:**

 **Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**