



**PONDICHERRY UNIVERSITY
PUDUCHERRY**

Application for **REGISTRATION**
for Ph.D Programme

To be carefully filled in by the candidate

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| Name of the bank..... |
| Place of Bank..... |
| Amount Rs. 500/- (Five Hundred Only) |
| Date of Payment..... |
| DD/challan No/..... |

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|-----|--|---|--|---|
| 1. | Name of the Applicant (as in the Degree Certificate in Block Letters) | Shri/Smt/Kum : a) Father's Name : b) Mother's name: | | |
| 2. | Age, Place and Date of Birth | Place Age <input type="text"/> | Sex <input type="checkbox"/> F <input type="checkbox"/> M | Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | Present Position/Occupation & Address of the candidate | Mobile No _____ Email ID _____ | | |
| 4. | Full time / Part time (Internal / External) | | | |
| 5. | State the qualification Note: Candidates should have taken the degree at a Convocation before supplicating for the Ph. D . Degree. Candidates should submit an attested copy of Degree or Provisional Certificate with the application. | Name of the Examination Passed with Branch offered & Name of the University | | |
| | | Register Number, month and year of passing | | |
| | | Month & Year in which the Degree was taken at a Convocation | | |
| 6. | College/University through which the applicant qualified for the Degree | | | |
| 7. | The Examination Passed (Please enclose Attested copy of the degree certificate) | | | |
| 8. | Department of the University or the College affiliated to this University or other Research Institute in which the applicant proposes to work. | | | |
| 9. | Whether the Department/Institution has been recognized previously by this University for conducting research | | | |
| 10. | Broad field of Research (in capital letters. The exact title of thesis may not be given at the time of registration) The subject of research shall be one which relates to the main branch of knowledge chosen for the Post Graduate Degree. | | | |

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|-----|---|-------|-------------------|-----------------------------|------------------------|
| 11. | The date of joining the Research Programme | | | | |
| 12. | Name and designation of the Supervisor under whom the applicant desires to do research work. | | | | |
| 13. | Whether the Supervisor has been recognized by this University for guiding Ph.D research | | | | |
| 14. | Signature of the Supervisor with Designation | | | | |
| 15. | Certificate to be produced by the Supervisor regarding the number of candidates now conducting research under his supervision for Ph.D Degree (excluding the applicant) | Sl.No | Name of Candidate | Moth & Year of Registration | Full-time or Part time |
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| 16. | Signature of the Head of the Department/ Institution in which the candidate proposes to conduct research. | | | | |

Station:

Date:

Signature of the Applicant

Signature of the Head of the Department/Institution
(Where the candidate is working as a teacher)

Signature of the Dean of Institution (where
the Candidate propose to conduct research)

Note: Applications which are not submitted through the Head of the Departments / Institutions where the candidates propose to conduct their research will not be considered.