

Space for photograph DO NOT PIN/STAPLE Paste the photograph inside the box only PHOTO NOT TO BE ATTESTED

PROVISIONAL REGISTRATION FORM FOR PH.D. PROGRAMME-2024

PLEASE READ THE INSTRUCTION GIVEN BELOW CAREFULLY BEFORE FILLING THIS FORM FILL THIS FORM ONLY IN BLOCK LETTER

1. Name of the applicant in full
3. Permanent Address
4. Date of Birth 5. Category
D D M M Y Y Y Y
6. Sex 1= Male 2= Female 7. Nationality 2= Others 1 others Specify:
8. Contact No.
10. Fee payment details:
Amount: Rs/- (Rupeesonly
Date of Payment
11. Present Occupation
If employed, (Yes/No), if 'Yes' give details on a separate sheet.
12. Department in which Pre-Ph.D. Admission is sought
13. Areas of Pre-Ph.D. research
14. Details of Fellowship, if any
15. Number of publications, if any a) Paper b) Books

DECLARATION BY THE APPLICANT

I declare that entries made by me in this form and the documents submitted in support of the information furnished by me in the application form are true in all respects and in case any entry or information of documents are found false, this shall entail automatic cancellation of my admission besides rendering me liable to such an action as the university may deem proper.

I declare that I shall submit myself to the disciplinary jurisdiction of the Vice-Chancellor and other authorities of the University.

I further note that my admission to the university and my continuance on its rolls are subject to the provisions of the university statues, ordinances and other rules and instructions which may be issued from time to time.

I shall abide by the rules of discipline and proper conduct which may be framed in this regard.

No.

Date: Place:

RECOMMENDATION OF THE BOARD OF STUDIES OF THE DEPARTMENT

Certified that	
Mr./Ms./Mrs	resident
of	
has been recommended for Provi	sional Registration for Ph.D. Programme.
Date: Place:	Signature of the HOD (with seal and date)

Documents to be enclosed:

- 1. Attested copies of Marksheets, Certificates and other relevant documents.
- 2. "No Objection Certificate" from the employer concerned (employer should clearly indicate whether leave will be granted to the candidate whenever needed)
- 3. Proof of the payment.



(Department of)

TO WHOM IT MAY CONCERN

Place: Date:

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Signature Head of Department With Seal