

GANDHIGRAM RURAL UNIVERSITY

No.

APPLICATION FOR ADMISSION TO Ph.D. PROGRAMME

FULL TIME		PART TIME			
Regular	Independent	Teacher		Non-Teacher	
		Internal	External	Internal	External

Mode of Remittance of Registration Fee(DD)/Challan _____
Name & Place of Bank _____
Amount Rs. _____
Date of Remittance _____

1. Name : \_\_\_\_\_
2. Date of Birth & Age : \_\_\_\_\_
3. Sex : Male / Female
4. Community : SC/ST/BC/MBC/OC
5. Nationality : \_\_\_\_\_

- Last date for receiving filled in application: 31<sup>st</sup> January / 31<sup>st</sup> August
- Please read the Regulations of the Ph.D. Programme before filling up the application form.
- Tick wherever necessary

6. Residential address:

7. Address for Communication:

PIN:	PIN:
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8. Academic Qualifications:

S.No.	College/ University	Degree Obtained	Month & Year of passing with Regn.No.	Subjects Studied	Class/ Grade/ Division	% of Marks

9. a) Have you passed JRF/NET/SLET Examinations : Yes/No

b) If yes, indicate it and furnish the Date & :  
Registration Number

10. Teaching / Research / Extension / Administrative Experience:

Position	Period of Service			Nature of Duties
	From	To	Name of the Institution	
Teaching				
Research				
Extension				
Administration (if any)				
Total Service (in years)				

11. a) Have you published any research papers : Yes/No

b) Which of the above is published in refereed journal? :

c) If yes attach reprints :

12. Any award / honours / recognitions :

13. Present position :

14. Salary / Emoluments :

15. Declaration of the candidate :

I hereby declare that all the statements made above and information given in this application are true to the best of my knowledge and belief.

Place :

Date :

Signature of the candidate



19. a) Name & Designation of the Joint Research :  
 Supervisor (if any)  
 b) Name of the Institution if other than G.R.I. :  
 c) Field of Specialization :  
 d) Department :  
 e) Faculty :  
 f) Number of the candidates being :  
 supervised with names

S.No	Name of the Candidate	Full Time	Part Time	Research Supervision	Joint Research Supervision

Signature of the  
 Joint Research Supervisor

Signature of the  
 Research Supervisor

Signature of the Administrative  
 Supervisor  
 (for independent researchers only)

Signature of the HOD/Dean

Enclosures:

**For Office Use**

Name :

Department / Faculty :

Research Supervisor / Joint Research  
Supervisor / Admin. Supervisor :

Date of joining :

Minimum period ends on :

Maximum period ends on :

Extension - I :

Extension - II :

Extension - III :

Re-registration on :

18 months over on :

2 years over on :

3 years over on :

Synopsis submitted on :

Thesis submitted on :