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THE GANDHIGRAM RURAL INSTITUTE (DEEMED TO BE UNIVERSITY)

Sl. No.

Registration No.

APPLICATION FOR Ph.D. COURSE WORK EXAMINATIONS (to be filled in carefully by the candidate in his/ her own handwriting.

	ication will be rejected)				
	Remittance of examination fees				
	Amount Remitted :				
	Date of remittance :				
1. Name (in BLOCK LETTERS) (As in Academic Records)					
2. Sex	: Male / Female				
3. Age and Date of Birth					
4. Community (copy to be attached)	: OC/OBC/SC/ST/others				
5. Father Name (Proof copy to be attached)					
6. Mother Name (Proof copy to be attached)					
7. Date of Registration for Ph.D.					
8. School/Dept./Centre					
9. Name and Designation of the Research Su	pervisor:				
10. Education qualifications					

Sl.No.	Name of the Examination Passed	Board/University	Month& Year of Passing	Subjects studied	CGPA(or) Percentage of Marks
1	SSLC or Equivalent				
2	H.Sc or Equivalent				
3	UG				
4	PG				
5	M.Phil				

(Self attested copies of the Certtificates for each of the above examinations mentioned are to be attached)

11. Address in Block Letters	
(for all communications)	:

12. Contact Phone Numbers (Mobile/Land Line) :

13. E-mail ID :

14. PARTICULARS OF COURSE WORK EXAMINATIONS APPLIED:

S.No.	Course Title	Regular/Supplemenatary
1		
2		
3		
4		

DECLARATION

I certify that the particulars furished above are correct and true to the best of my knowledge. In case of any false particulars found, I agree to oblige the action taken by the Institute as per the rules and regulations.

SIGNATURE OF THE RESEARCH SCHOLAR

Encl:

SIGNATURE OF THE RESEARCH SUPERVISOR

SIGNATURE OF THE DEAN/HOD/DIRECTOR