Application Form for Ph. D. Course

(International Candidates: Category 11)

*(Please type information; hand-written applications will not be considered)*

|  |
| --- |
| Personal Data |
| Name of the candidate (in block letters, as per Master’s Certificate) |  |
| Date of Birth (DD/MM/YYYY) |  | Affix your recent passport size colour photograph |
| Gender | Male Female |
| Phone  | Residential |  |
| Mobile |  |
| E-mail |  |
| Valid Photo ID number:  |  |
| Name of the Father |  |
| Name of the Mother |  |
| Religion |  | Caste: |  |
| Nationality |  | Blood Group: |  |
| Mother Tongue |  | State of Domicile |  |
| Marital Status |  |
| Spouse Name (If marital status is Married) |  |
| Spouse Phone: | Spouse Email: |
| Residential Address with pin code |  |
| Address for correspondence |  |

|  |
| --- |
| Academic Record (Bachelor’s degree onwards) |
| Examination Passed | Specialization | Institution | University | Year of Passing | % of Marks obtained |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *Attach the relevant document* |
| PASSPORT and VISA DETAILS |
| **PASSPORT DETAILS:** |
| Passport Number: |  |
| Issuing Authority: |  |
| Issue Place and Country: |  |
| Issue Date: |  |
| Expiry Date: |  |
| **VISA DETAILS:** |
| VISA Number: |  |
| Issuing Authority: |  |
| Issue Place and Country: |  |
| Issue Date: |  |
| Expiry Date: |  |
|  |  |
| I hereby declare that the information that I have furnished herein is true to the best of my knowledge. |
| Date: |
| Place:  **Signature of the Candidate** |

|  |
| --- |
| INSTRUCTIONS |
| **The PhD Admission Application duly filled must be submitted along with the following enclosures:**1. Attested copy of the Bachelor’s and Post Graduate degree certificate.
2. Attested copies of the mark’s cards of Bachelor’s and Post Graduate degree
3. Valid photo identity document
4. Affidavit and Newspaper notification details for change of name (if any)
5. Conduct/ Character certificate from the institution last studied
6. Copy of Resume
7. Expression of research interest

*PDF copy of all the above-mentioned documents along with application must be submitted to:* **The Deputy Director** **Centre for Doctoral Studies, Directorate of Research** **Ground Floor, Advanced Research Centre** **Manipal Academy of Higher Education  Manipal-576104 |Karnataka |India Tel: +918202922017** **Email:** **cds.mahe@manipal.edu** |
| FOR OFFICE USE ONLY |
| Application number: Date received:  |
| **Documents Screened:**  | YES | NO |
| Attested copy of the Bachelor’s and Post Graduate degree certificate.  |  |  |
| Attested copies of the mark’s cards of Bachelor’s and Post Graduate degree |  |  |
| Valid photo identity document  |  |  |
| Affidavit and Newspaper notification details for change of name (if any) |  |  |
| Conduct/ Character certificate from the institution last studied |  |  |
| First and last page of passport |  |  |
| Expression of research interest |  |  |
| Resume |  |  |