Application for University Presentation of Ph.D. Protocol

(Part time – Working Professionals)

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

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| Personal Data | | | | | |
| Name (in block letters) |  | | | | |
| PhD Admission Number |  | | | | |
| Name of the Institution under which enrolled for PhD |  | | | | |
| Name of the Department under which enrolled for PhD |  | | | | |
| Date of Birth (DD/MM/YYYY) |  | | | | Affix your recent passport size colour photograph |
| Gender | Male Female | | | |
| Phone | Residential |  | | |
| Mobile |  | | |
| E-mail |  | | | |
| 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 |  | | | | |
| Current working Office address (Name of the institution, department, designation and complete address to be provided) |  | | | | |
| Address for Correspondence | Office Residence | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Academic Record (Bachelor’s degree onwards) | | | | | | |
| Examination Passed | Specialization | Institution | | University | Year of Passing | % of Marks obtained |
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| National Level Entrance Examinations Qualifying for PhD | | | | | | |
| If Qualified, Name of the Entrance Examination: | | | | | Year of Passing: | |
| *Attach the relevant document* | | | | | | |
| Proposed Research Data | | | | | | |
| Title of Proposed Thesis: | | | | | | |
| Department and Institution  in which the candidate proposes to work and prepare thesis: | | |  | | | |
| 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** | | | | | | |

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| Declaration by the Guide | | | | |
| Name of the Guide: | | | | |
| Designation: | | | | |
| Office Address: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Senate approval reference number or guide number: | | | | |
| The students who are presently admitted for PhD course with me are: | | | | |
| Sl. No. | Name of the student | Registering University | Date of admission | As Guide/Co-Guide |
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| I undertake the responsibility of guiding Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for her/his PhD degree in the proposed field of research. | | | | |
| Date:  Place: | | | | |
| **Signature**  **Note**: *Guide is permitted to supervise 2 candidates per academic year and a maximum of 8 candidates at a time.*  As co-*guide one can supervise 2 candidates per academic year and a maximum of 8 candidates at a time.* | | | | |
| Declaration by the Co-Guide | | | | |
| Name of the Co-Guide: | | | | |
| Designation: | | | | |
| Office Address: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Senate approval reference number or guide number: | | | | |
| The students who are presently admitted for PhD course with me are: | | | | |
| Sl. No. | Name of the student | Registering University | Date of admission | As Guide/Co-Guide |
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| Date:  Place: | | | | |
| **Signature**  **Note**: *Guide is permitted to supervise 2 candidates per academic year and a maximum of 8 candidates at a time.*  As co-*guide one can supervise 2 candidates per academic year and a maximum of 8 candidates at a time.* | | | | |
| Recommendation of the Head of the Department | | | | |
| The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institute has adequate facilities for conducting the research work by  Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Under the guidance of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I recommend that the candidate may be permitted to take admission for PhD Course under  Manipal Academy of Higher Education. | | | | |
| Date: Name:  Department Seal: Signature: | | | | |
|  | | | | |
| Recommendation of the Head of the Institution | | | | |
| The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institute has adequate facilities for conducting the research work by  Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Under the guidance of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I recommend that the candidate may be permitted to take admission for PhD Course under  Manipal Academy of Higher Education. | | | | |
| Date: Name:  Institution Seal: Signature: | | | | |

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| PASSPORT and VISA DETAILS  (for foreign students only) | |
| **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: |  |

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| INSTRUCTIONS |
| **The University PhD protocol presentation application duly filled must be submitted to the Research/PhD Coordinator of the respective institution along with the following enclosures:**   1. Application form 2. Attested copy of the Bachelor’s and Post Graduate degree certificates 3. Attested copies of the Bachelor’s and Post Graduate degree mark cards 4. In case of degree/s from foreign university, equivalency certificate/s 5. NOC/Letter of Support from the current employer 6. Copy of the Grant sanctioned, JRF selection letter, competitive examination score card (if any) 7. Admission order copy 8. Joining Report copy 9. Proof of Identify (Aadhaar copy) 10. Affidavit and Newspaper notification details for change of name (if any) 11. Evidence for Institutional presentation ( MAHE department/institution) where candidate is admitted 12. DAC Form/recommendation duly signed by HOI/Chairman 13. DAC Committee Members List (.doc) 14. Co-guide approval letter issued by MAHE (applicable **ONLY** for the co-guide from candidate’s institution/vicinity) 15. Details of course work suggested by the DAC (12 credits) 16. Check list duly signed by the Candidate and the Guide/Co-Guide 17. EC/IAEC/bio-safety or any other approval letters or evidence of submission for approval 18. Research protocol to be submitted in both Hard and Soft copy (.pdf)   *After verification, PhD coordinator to send Hard copy of all the above-mentioned documents and protocol soft copy 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 id:** [**cds.mahe@manipal.edu**](mailto:cds.mahe@manipal.edu)  **Research protocol should include the following in the format, all 15 sections mentioned below are mandatory**: Refer template available on <https://manipal.edu/mu/academics/phd/handbook-and-downloads.html>   1. Title, Candidate 's Name and affiliation 2. Guide/Co-guide's name and affiliation (Guides/co-guides should be registered/approved guide of MAHE) 3. Introduction 4. Literature Review 5. Research Gaps identified 6. Objectives 7. Detailed Methodology 8. Expected outcome 9. Importance of proposed research investigation 10. Research Time plan 11. Pilot study / Preliminary work done 12. Details of Expenses and source of funding (detailed break-up of research related expenses for consumables/software/equipment/travel etc. to be given along with details of source of funding. If the study does not require funding, same to be mentioned with justification. Scholarships/fellowships awarded to the candidate should not be mentioned under research related expenses mentioned above. 13. References 14. Course work details suggested by DAC with credits 15. Similarity check report having total word count, index < 15% and exclude Matches<3 duly signed by the candidate and guide |

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| **Verification by PhD Coordinator at the Institution** | | | |
| **Documents Verified Status:** | YES | NO | NA |
| Application form  (signatures, declaration forms from all guides and co-guides, recommendations etc.) |  |  |  |
| Attested copy of the Bachelor’s and Post Graduate degree certificate |  |  |  |
| Attested copies of the Bachelor’s and Post Graduate degree mark cards |  |  |  |
| In case of degree/s from foreign university, equivalency certificate/s |  |  |  |
| NOC/ Letter of support from the current employer |  |  |  |
| Admission order copy |  |  |  |
| Joining Report copy |  |  |  |
| Evidence for Institutional presentation |  |  |  |
| DAC Members details/list signed by guide and HOI |  |  |  |
| DAC recommendation |  |  |  |
| Checklist signed by guide and candidate |  |  |  |
| EC/IEC/bio-safety or any other approval |  |  |  |
| Co-guide approval letter issued by MAHE (applicable ONLY for the co-guide from candidate’s institution/vicinity) |  |  |  |
| Valid photo identity document (Aadhaar) |  |  |  |
| Affidavit and Newspaper notification details for change of name (if any) |  |  |  |
| Copy of the Grant sanctioned letter (if any) |  |  |  |
| National Eligibility test results (if any) |  |  |  |
| Number of candidates under Guide |  |  |  |
| Number of candidates under Co-Guide |  |  |  |
| Section of protocols (all 15 sections) |  |  |  |
| Remarks:  Date:  Name and Signature | | | |

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| --- | --- | --- |
| FOR CDS OFFICE USE ONLY | | |
| **Documents Verified** | YES | NO |
| **Date Received** |  | |
| Remarks by office:  Date: Signature | | |
| **VERIFICATION BY CDS FACULTY COORDINATOR** | | |
| Documents Verified | YES | NO |
| Remarks:  Date of acceptance for university protocol presentation after screening:  Assigned for presentation in (Month, year):  Date: Signature | | |