Registration Form for Ph. D. Degree

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| Personal Data | | | | | | | | | |
| Name (in block letters) | |  | | | | | | | |
| 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 |  | | |
| PhD admission number | |  | | | | Type of scholarship |  | | |
| Residential Address  with pin code | |  | | | | | | | |
| Office address  with pin code | |  | | | | | | | |
| Address for Correspondence | | Office Residence | | | | | | | |
| 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: | | | | | | | | | |
| Institution and Department 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: | | | | |
| The students who are presently working for PhD program under my guidance are: | | | | |
| Sl. No. | Name of the student | Registering University | Date of Registration | 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** | | | | |

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| Declaration by the Co-Guide | | | | |
| Name of the Co-Guide: | | | | |
| Designation: | | | | |
| Office Address: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Senate approval reference number: | | | | |
| The students who are presently working for PhD program under my guidance are: | | | | |
| Sl. No. | Name of the student | Registering University | Date of Registration | 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** | | | | |

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| 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 register for PhD degree 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 register for PhD degree under  Manipal Academy of Higher Education. |
| Date: Name:  Department Seal: Signature: |

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| INSTRUCTIONS |
| **The PhD Registration Application duly filled must be submitted to the Research Coordinator of the respective institution along with the following enclosures:**   1. Attested copy of the Post Graduate degree certificate. 2. Attested copies of the mark’s cards of Post Graduate degree 3. Copy of the Grant sanctioned I JRF selection letter I competitive examination score card 4. Admission order copy 5. Affidavit for change of name (if any) 6. DAC Meeting Form/recommendation duly signed by HOI/Chairman 7. DAC Committee Members List (both .pdf and .doc) 8. Details of course work suggested by the DAC (12 credits) 9. Check list duly signed by the Candidate and the Guide/Co-Guide 10. EC/IAEC/bio-safety or any other approval letters or evidence of submission for approval 11. Soft copy (pdf) of the Research Protocol   *Research protocol should include the following in the format, all 15 sections mentioned below are mandatory:*   1. Title, Candidate 's Name and Affiliation 2. Guide/Co-guide's Name and Affiliation 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 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   *All the above-mentioned documents must be submitted through proper channel 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** |

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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: |  |