Admission Form for Ph. D. Course

(National Fellowship – Category1)

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

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| Personal Data |
| Name of the candidate(in block letters, as per Master’s Certificate) |  |
| Application number:  |  |
| Proposed PhD Research Data |
| Proposed PhD research area:  |
| Institution and Department/lab 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 (MANDATORY): |
| The PhD scholars students who are presently admitted 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 (MANDATORY): |
| The PhD scholars students who are presently admitted 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. |
| Recommendation of the Head of the Department |
| The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institute has adequate facilities for conducting the research work byMs./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Under the guidance of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I recommend that the candidate may be permitted to take admission for PhD course underManipal 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 byMs./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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| INSTRUCTIONS |
| **The PhD admission form duly filled must be submitted to the PhD Coordinator of the respective institution along with the following enclosures:**1. Institute/Department level Interview results certified by the Head of the Institution
2. Use separate co-guide declaration sheet if more than one co-guide has been allotted to the candidate
3. The candidate is required to produce original documents for verification at the time of joining

*PhD coordinator will forward the hard copies of all the documents 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** |
| FOR CDS OFFICE USE ONLY |
| Admission number:  |
| **Verified Status:**  | YES | NO |
| Institute/Department level interview results certified by the Head of the Institution |  |  |
| Attested documents verified with original documents |  |  |
| Number of candidates under Guide |  |  |
| Number of candidates under Co-Guide |  |  |

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| **VERIFICATION BY CDS FACULTY COORDINATOR** |
| Documents Verified  | Yes  | NO |
| Remarks: Date of Admission: Date: Signature |