Application Form for Ph. D. Course

(Staff of MAHE Institutions)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  | |
| MAHE employee ID |  | | Department |  | |
| Marital Status |  | | | | |
| Spouse Name (If marital status is Married) |  | | | | |
| Spouse Phone |  | | Spouse Email |  | |
| 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 |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| 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** | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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 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: | | | | |

|  |  |
| --- | --- |
| 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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| INSTRUCTIONS | | | |
| **The PhD Registration Application duly filled must be submitted to the PhD Coordinator of the respective institution 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 (Aadhaar) 4. Affidavit and Newspaper notification details for change of name (if any) 5. Copy competitive examination score card (if any) I Grant sanction letter (if any) 6. Past research record in terms of publications and conference presentations 7. Use separate co-guide declaration sheet if more than one co-guide has been allotted to the candidate   *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 | | | |
| Application Number: | | | |
| Admission number: | | | |
| **Documents Verified Status:** | YES | NO | NA |
| 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 (Aadhaar) |  |  |  |
| Affidavit for change of name (if any) |  |  |  |
| Copy of the Grant sanctioned letter (if any) |  |  |  |
| National Eligibility test results (if any) |  |  |  |
| Past research record in terms of publications and conference presentations |  |  |  |
| Number of candidates under Guide |  |  |  |
| Number of candidates under Co-Guide |  |  |  |

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