



## VELS UNIVERSITY

VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES  
(VISTAS)

Estd.u/s 3 of the UGC Act, 1956

### APPENDIX – G

**APPLICATION FOR REGISTRATION FOR THE DEGREE OF Ph.D**

**To be filled-in by the candidate**

Full-Time	Part-time	Amount in Rs.	
	Teaching/Non-Teaching	Date of payment	
		Demand Draft No.	
		Name of the Bank/Branch	

1.	Name of the Applicant (as entered in the Degree Certificate) <b>(in capital letters)</b>	In English		
		In Tamil		
2.	Names of Parents	Father		
		Mother		
3.	Date of Birth		Sex	Male/Female
4.	Community	GT/BC/MBC/SC/ST	Nationality	Indian /Foreign
5.	Religion	Hindu/Muslim/Christian/Others		
6.	Address for Communication	Phone: E-mail	Mobile:	
7.	If Part-time, furnish Designation with office address of the College/Office wherein he/she is working			
8.	Qualification Particulars	P.G.	M.Phil.	

	Particulars		
	i Branch		
	ii. Register Number		
	iii Month & Year of Passing		
	iv Month & Year of Convocation		
	v. College/University		
9.	Whether the candidate is undergoing any other course in VELS University or in any other University?		
10.	Address of the Department of the Vels University/Affiliated College/Recognized /Research institute where the applicant proposes to conduct Research		

11.	Whether the candidate has obtained any sponsorship from funding Agencies?			
12.	Date of joining the Research Department/College/Institution			
13.	Broad Field of Disciplinary/Inter-Disciplinary Research(Candidate's PG Degree-Name of the Department-Interdisciplinary			
14.	Signature of the applicant			
15.	Name and Designation of the Supervisor			
16.	Number and date of Communication in which Supervisor has been recognized as Ph.D. guide			
17.	Date of Superannuation of the guide			
18.	Scholars currently doing research under the Supervisor:			
<b>No.</b>	<b>Name of the Scholar</b>	<b>Month &amp; Year of Registration</b>	<b>Full-time or Part-time</b>	<b>Fellowship, if any</b>
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19.	Signature of the Supervisor	Signature of the Co-Guide		
20.	Whether the department, of the University/College/Institution is recognized by the VELS University for doing research			
21.	Signature of the Head of the Department/ Institution/College where Research will be carried out			
22.	Signature of the Head of the Institution (If, the applicant is working)			

**Preserve Xerox copies of all fees payment in regard to Ph.D**

**ENCLOSURES TO BE ATTACHED:**

- a. Copy of the receipt of tuition & other fees paid.
- b. Return of Matricula form and certificate of Recognition, in case of candidates who have qualified from other Universities.
- c. Copy of the Joining Report duly forwarded by Supervisor/Principal/HOD/Director