

VELS UNIVERSITY, CHENNAI - 117



Application for Ph.D., Registration

E-mail ID: velsphd@velsuniv.org

FULL TIME / PART TIME

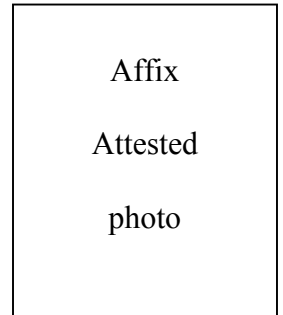
DETAILS OF REMITTANCE

(To be filled by the Candidate)

- i. Name of the Bank / Branch :
- ii. Amount remitted :
- iii. Demand Draft Number :
- iv. Date of Issue :

1. PARTICULARS OF THE APPLICANT

- i. Name of the Applicant :
(In Block letters)
- ii. Date of Birth and Age :
- iii. Sex : Male / Female
- iv. Residential Address :



- v. Office Address :

Pin Code:
Landline No:
E-mail Address:

Mobile:

Pin Code :

(Indicate Communication Address)

2. EDUCATIONAL QUALIFICATIONS:

(Attested certificates to be enclosed)

S.No	DEGREE	SUBJECT	NAME OF THE INSTITUTION	UNIVERSITY	YEAR	CLASS / RANK
i.	UG					
ii.	PG					
iii.	M.Phil.,					

3. DETAILS OF Ph.D. COURSE APPLIED

- i. Name of the department where the candidate proposes to do Research :
- ii. Whether Department is Recognized by this University or not : Yes / No
- iii. Name of the proposed institution (Full address) :
- Pin Code :
Telephone No.:
Email ID :
- iv. Name and designation of the supervisor / guide :
- v. Area of research :
- vi. Research title :

4. ACADEMIC DISTINCTION

- i. Awards / Medals / Prize and Honours achieved during his/her educational carrier. (Separate list may be enclosed) :
- ii Whether the applicant has been recipient of any fellowship (UGC / ICMR / CSIR/ NET etc.) :
- iii. Whether the applicant has presented any Research Papers at National / International Conferences / Seminars / Workshops (Certified Xerox copies to be enclosed). :
- iv. Whether the applicant has any Publications / Articles to his/her credit in any accredited journals. (Certified Xerox copies to be enclosed). :

5. SERVICE PARTICULARS

i. Designation and Department in which Working :

ii. Full address of the Institution :

Pin Code :

Telephone No.:

iii. Teaching Experience :

UG -----years

PG -----years

6. CERTIFICATION

i. Guide / Supervisor's remarks
and consent. :

Recommended

Signature and seal

ii. Co – guide's consent (if any) :

Willing

Signature and seal

iii. Head of the Department is consent for Permitting
the Candidates to Carryout the research
work and to provide necessary facilities. :

Signature and seal

iv. Head of the institution
where the candidate proposes to carry
out his/her research work :

Signature and seal

7. DETAILES OF CERTIFICATES ENCLOSED:

- i.
- ii.
- iii.
- iv.
- v.

I _____ declare that the Particulars furnished in the application are true and correct. In case any of the particulars furnished in the application is found incorrect, I agree to forfeit my admission without any prior notice at any stage.

Place:

Date:

Signature of the candidate

FOR OFFICE USE ONLY

NAME OF THE CANDIDATE :

REGISTRATION NO :

SESSION / YEAR : **JAN / JUL / OCT / DEC / YEAR -----**

REMARKS :

ANNEXURE

**VELS UNIVERSITY, CHENNAI, TAMILNADU, INDIA
(To be filled by the Guide / Supervisor only)**

1. NAME :
2. DESIGNATION and
3. OFFICIAL ADDRESS :

Pin Code :
Landline No. :
Mobile No. :
E-mail Address:

No	Name of Candidates so far Registered under your Guideship including this Candidate	Full-Time / Part-Time	Date of Registration	Due Date for Submission of Thesis

I here by declare that the Rules and Regulations of the University related to the course will be strictly abided.

I will attend all the meetings convened by the University relating to the candidate's research work.

Signature of the Guide/Supervisor