FULL-TIME

Post-Graduate Degree

For D.D. Section Use



PERIYAR UNIVERSITY

SALEM - 636 011.

APPLICATION FOR REGISTRATION FOR THE DEGREE OF Ph.D.

PART-TIME

	TEACHING/NON-TEACHING					
To be	Carefully filled in by the Candidate	1000				
Date o	f Payment					
Name	of the Bank					
Draft 1	No					
A	-t of D -					
Amou	nt of Rs					
1	Name of the applicant (as entered in the Degree Certificate), (In capital letters)					
2	Age, Date of birth, Sex, Community and Nationality	Date of Birth	Sex	Community	Nationality	
3	Residential address of the Candidate					
4	If part-time, please furnish the details of Designation/Occupation/Office address	,				
					•	
5	State the Qualifications	Name of Examination			-	
	Note: Candidate should have taken the Degree at convocation before supplicating for the Ph.D. Degree. Candidates should enclose the respective original Degree and Transfer Certificate along with the application	with Branch offered and name of University				
		Register Number, month and				
		year of passing. Month and year in which the Degree				
		was taken at a conve		gree		
6	College or Institution through which the applicant qualified for the Degree				Value of the second	
7	If the Examination passed is of any other		SINE, OF 12	easing distributes		
	University state the year of passing and					
	forward the Degree and Course Certificate (Original) and the Regulations along with	8				
,	prescribed Recognition application					
8	Whether the candidate is undergoing any other course in this University or in any other					
	University.					
9	Department of the Periyar University or the College affiliated to this University in which the applicant proposes to Conduct Research					
10	Whether the Department has been					
	recognized previously by this University for conducting research	alerado el maio	a Albergeia	Colorano Pariste	made to different	
11	Broad Field of Research (in capital letters).					
	(The exact title of thesis may not be given					
	at the time of registration). The subject of research shall be one which relates to the	and smooth descriptions				
- Inninge	main branch of knowledge chosen for the	COUNTY HAT WATER				

12	(a) Whether the candidate has obtained necessary permission to work in the Department/College/Research Institution and if so a Photostat copy of the Communication should be enclosed (b) Whether the candidate obtained the				4
	(b) Whether the candidate obtasponsorship certificate from the candidate and the candidate obtasponsorship certificate from the candidate obtasponsorship certificate from the candidate obtasponsorship certificate obtasponso	concerned and if so a	O 163 JA2	Men Zorbe	37 (4-1)
	(c) The date on which the applicant has jointed the Department.		10		
13	Name and designation of the supervisor under whom the applicant desires to do research work.				So y Auto a money
14	(a) Whether the supervisor has been recognized by this University for guiding Ph.D. research.				
	(b) No. and date of Communication in which the Supervisor has been recognized as guide for Ph.D. Degree				net English
15	Date of Superannuation of the gu	ide	3		
16	Whether the candidate is related to the Supervisor. If so, please State the nature of the relationship.				to to consider 1
17	The names of candidates now	Sl.No.	Name of Candidate	Month &	Full-time Or
	doing research under his / her Supervision for Ph.D. Degree	SI.No.	Name of Candidate	year of Registration	Part-time
		1 1	Name of Candidate		0.
	Supervision for Ph.D. Degree		Name of Candidate		0.
	Supervision for Ph.D. Degree To be filled in by the	1	Name of Candidate		0.
	Supervision for Ph.D. Degree To be filled in by the	1 2	Name of Candidate		0.
	Supervision for Ph.D. Degree To be filled in by the	1 2 3	Name of Candidate		0.
	Supervision for Ph.D. Degree To be filled in by the	1 2 3 4	Name of Candidate		0.
	Supervision for Ph.D. Degree To be filled in by the	1 2 3 4 5	Name of Candidate		0.
	Supervision for Ph.D. Degree To be filled in by the	1 2 3 4 5	Name of Candidate		0.
18	Supervision for Ph.D. Degree To be filled in by the	1 2 3 4 5 6	Name of Candidate		0.
18	Supervision for Ph.D. Degree To be filled in by the Supervisor	1 2 3 4 5 6 7 8 artment in	Name of Candidate		0.

Date.....

Signature of the Applicant.

Signature of the Head of the Institution (Where the Candidate is working)

Institution / HOD of the University (Where the Candidate Proposes to conduct research)

IMPORTANT NOTE:

Along with the registration application form the following documents should be enclosed and submitted to The Controller of Examinations, Periyar University, Salem 11, otherwise the application will be liable to be rejected:

- 1. Demand draft for Rs. /- Drawn
- /- Drawn in favour of the Registrar, Periyar University, towards fee for registration.
- 2. M.A./M.Sc./M.Com./M.Phil, degree certificate in ORIGINAL (Xerox copies not accepted)
- 3. Transfer certificate for the course last attended, issued by the competent authority, in ORIGINAL.
- 4. Attested Xerox copy of the permission letter received from the Registrar, Periyar University, Salem 636 011.
- 5. In the case of candidates who have qualified for their M.A./M.Sc./M.com/M.Phil. From other University, Recognition application and other enclosures should be enclosed.