

Application No:



PERIYAR UNIVERSITY

(State University)

Periyar Palkalai Nagar

SALEM – 636 011, TAMILNADU

Ph: 0427-2345766, Fax: 0427-2345124

Web: www.periyaruniversity.ac.in

Affix a recent
passport size
Photograph with the
candidates signature

Application Form for Admission to Ph.D (Full Time/Part Time) PROGRAMME 20__ – 20__

Session Applied for	
Session	Year
July	20
December	20

Payment Particulars	Details
Date of Payment	
Name of the Bank	
Draft No.	
Amount of Rs.	

01	Department / College / Other place where Admission is sought by the candidate to conduct Research :	
	University Department	
	Institution / College	
	Department	
02	Category under which registration is sought :	
	Full- Time Research Scholar	☐
	Independent Research Scholar On Full-Time basis	☐
	Part-Time Research Scholar	☐
	Independent Research Scholar On Part-Time basis	☐
03	Discipline / Subject in which registration is sought :	
04	Broad Area of Research :	
05	Candidate Name: (as per SSLC / Matriculation Certificate) (Attested Xerox copy to be enclosed)	
06	Date of Birth (DD/MM/YYYY)	
07	Gender :	
	Male ☐	Female ☐
	Transgender ☐	
08	Mother Tongue :	
09	Nationality	Religion
10	Community : (Attested Xerox copy to be enclosed)	
	OC ☐	BC ☐
	BCM ☐	MBC/DNC ☐
	SC ☐	SCA ☐
	ST ☐	
11	Differentially Abled : (Attested Xerox copy to be enclosed)	
	Yes ☐	No ☐

12	Name of the Father / Guardian :																											
13	Name of the Mother :																											
14	Educational Qualification (10 + 2 + 3 + 2 pattern or equivalent): (Attested Xerox copy to be enclosed)																											
	Degree	Programme	Reg. No	Month and Year of Passing	Subject	% of Marks	College / Institution	Affiliated University	Regular (R)/ Distance (D)																			
	HSC / PUC																											
	Bachelor's Degree																											
	Master's Degree																											
	M.Phil., / M.Tech.,																											
	CGPA in PG Programme					Overall Grade in PG Programme																						
15	Particulars of service (starting from first appointment) for Part-Time Candidates only.																											
	Designation				From				To				Institution															
Total Service : _____ Years _____ Months (Attested Xerox copy to be enclosed)																												
16	Annual Income																											
17	Details of National and State level Examinations Qualified: (Attested Xerox copy to be enclosed)																											
	Name (NET/SET/GATE)				Registration No.												Month & Year of Passing											
18	Address for Communication :																											
	Communication Address:														Permanent Address:													
	E-mail : Mobile No:																											
19	Any other detail																											

I certify that the above statements are true to the best of my knowledge.

Station:

Date:

Signature of the Applicant

LIST OF ENCLOSURES:

Ph.D Full-Time / Part-Time applicants are instructed to enclose the following details in your application without fail.

S.No.	Particulars
1	Demand Draft / Chellan for Rs. 1000/- (for SC/ST/PWD Rs. 500/)
2.	Self Attested copy of SSLC Mark Sheet
3.	Self Attested copy of +2 / PUC Mark Sheet
4.	Self Attested copy of UG Degree (or) Provisional Certificate
5.	Self Attested copy of PG Mark Sheets / Cumulative
6.	Self Attested copy of PG Degree (or) Provisional Certificate
7.	Self Attested copy of M.Phil. Degree (or) Provisional Certificate
8.	Self Attested copy of Community Certificate (for SC/ST only)
9.	Self Attested copy of PWD Certificate
10.	'No Objection Certificate' from the head of the institution / Employer / director of School Education / College Education / Others. (for Part-Time only)
11.	'Service Certificate' from the head of the institution / Employer / director of School Education / College Education / Others. (for Part-Time only)

Signature of the Candidate

Note:

- ❖ The candidate must ensure that the application is complete and all the necessary documents enclosed before submitting the application.
- ❖ Incomplete applications submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

NO OBJECTION CERTIFICATE

This is to certify that Mr./Ms. _____
is working as _____
in the Department of _____
in this College / School / Polytechnic / Institute.

We have No Objection in permitting him/her to do Ph.D. course under **Part-Time Programme** of Periyar University.

Place:

Date:

Signature of the Employer with
Office Seal

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SERVICE CERTIFICATE

This is to certify that Mr./Ms. _____
is working as _____
in the Department of _____
from _____ to _____ on regular / temporary basis.

Place:

Date:

Signature of the Employer with
Office Seal