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**