

# JSS UNIVERSITY

(Deemed-to-be-University Under Sec. 3 of the UGC Act)
Accredited 'A' Grade by NAAC

## Sri Shivarathreeshwara Nagar, Mysore - 570 015, Karnataka, India

Phone: +91-821-2548391; Fax No. +91-821-2548394 Web: www.jssuni.edu.in

### FORM I

## Ph.D., PROVISIONAL REGISTRATION APPLICATION FORM

Note: Please read the Ph.D., Regulation before filling the Application.

1. Details of Fee Remittance (To be filled by the Candidate)

Name of the Bank / Branch Amount Remitted Demand Draft / Chalan Number Date of issue / Remittance.

2. Particulars of the Applicant,

Name in Block Letters Date of Birth & Age

Residential Address

Residential Telephone,

Mobile

E-Mail

Fax

**Faculty Candidates** 

Designation

Department

Name of the Institution

Address of Institution

Telephone.

Fax

E-mail

3. Academic Qualifications

(Certified Xerox copies of the degrees to be enclosed)

Degree	Name of Degree	Name of the Institution	Name of the University	Year of Qualification	Class or % of marks
U.G					
P.G. Diploma					
P.G. Degree					
Higher Specialty Degree					

- 4. Candidates Academic Distinctions / Publications / Research Experience
- a. Awards / Medals / Prizes and Honours achieved during his / her educational period (separate list may be enclosed)
- b. Whether the applicant has been a recipient of any Fellowship (UGC / ICMR / CSIR, etc.)
- c. Whether the applicant has presented any research Papers / Posters at National / International Conferences / Seminars / Workshops.
  (Certified Xerox copies to be enclosed)
- d. Whether the applicant has any publications / articles to his / her credit in any Accredited Journals. (Certified Xerox copies to be enclosed)
- e. Details of any Research Experience already gained (Details of State Research Schemes / ICMR / CSIR projects) (Certified Xerox copies to be enclosed)
- 5. Details for Provisional Registration for Ph.D., Candidate
  - i. Candidate Category
    - A. Non Interdisciplinary
    - B. Interdisciplinary
  - ii. Candidate Status
    - A. Faculty Candidate
    - B. Non Faculty Candidate
  - iii Employment Status
    - A. Employed Government / Private
    - B. Unemployed

### iv.Research Particulars

- 1. Subject / field of Research
- 2. Provisional title of Research
- 3. Are there similar Research works in the University
- 4. Nature of Research Clinical / Non Clinical / Experimental / Animal Experimental

# v. Research Department

- 1. Name of the proposed department for conducting Research.
- 2. Has the Department been recognized by this University for Ph.D., Research
- 3. Name of the Institution in which proposed Research work is to be carried out

Full Address

Telephone Number

Fax

E-mail

## vi. Guide

Name

Qualification

Designation

Address

Telephone

Fax

Departmental E-mail

If he/she recognised guide by this University?

Residential Address

Res. Telephone.

Res. Fax.

Personal Email

# vii. Co-guide

Name

Qualification

Designation

Address

Telephone

Fax

Departmental E-mail

If he/she recognised guide by this University?

Residential Address

Res. Telephone.

Res. Fax

Personal Email

## 6. Details of Certificates / Annexures / Publications

Name of the attested Xerox copies of the certificate enclosed (separate list may be enclosed)

Annexures enclosed

List of publications, if any.

#### 7. Certification

# A. Recognised Guides Consent Certificate I, ....., working as ..... ..... and a recognized guide of JSS University, hereby certify that I shall abide by the rules and regulations of the University and give my consent to officiate and carry out all the duties of a guide for a candidate who is applying for Provisional Registration for the Ph.D., programme. Station: Signature: Date: Name : Seal B. Recognised Co-guides Consent Certificate (if applicable) I, ....., working as ..... and a recognized coguide of JSS University, hereby certify that I shall abide by the rules and regulations of the University and give my consent to officiate and carry out all the duties of a co-guide for ...... a candidate who is applying for Provisional Registration for the Ph.D., programme. Station: Signature: Date: Name · Seal C. New co-guide Consent Certificate (if applicable) I, ....., working as ..... in the Department of ...... at ...... shall abide by the rules and regulations of the University and give my consent to officiate and carry out all the duties of a co-guide for I have submitted all my papers and the application form as per the rules and regulations seeking recognition as a co-guide in this University. Station: Signature: Name Date:

Seal

D. No objection certificate	from the Head of the Department
	rtment of to carry out
	nt for Ph.D., Research work in JSS University. The Department ry facilities for carrying out the Research Work for the above
There is no objection for department.	the above mentioned candidate to do the research work in this
Station: Date:	Signature : Name : Seal :
E. No objection certificate	from the Head of the Institution
, ,	
	o carry out Research Work in this Institution which is a constituent
Name of the Institution	
	above mentioned candidate to do the research work in the selected
Station:	Signature:
Date :	Name : Seal :
F. Ethical Committee / An	imal Ethics Committee / Clearance Certificate
,	airman/Members of the Ethical Committee, functioning in
	have studied the proposed research
Subject/Project of	visional registration and hereby give the certificate of clearance of
Station : Date :	Signature of the Chairman/ Members of the Ethical Committee Name of the Institution: Seal:

G. Declaration by the Candidate	
I,	y and declare that all the particulars ect. In case any particulars given in the y discrepancies that may be noticed at noies in the Title, Synopsis and Thesis,
Station:	Signature:
Date :	Name:
Station:	Signature :

## **Instructions to the candidates**

- 1. Read the Ph.D., Regulations of this university before filling the applications form.
- 2. All entries in the provisional registration application must be written neatly and legibly by the candidate in his / her own handwriting in blue / black ink or neatly typed
- 3. Only one application should be submitted by each candidate
- 4. All the particulars required in the provisional registration application form should be furnished without any omission.
- 5. Incomplete filled applications will be deemed as rejected application
- 6. Candidates are specifically requested to note that error, overwriting and corrections, if any in the certificates are duly attested by the authorities concerned before submitting them.
- 7. The prescribed fees should be paid in the form of demand draft drawn in favour of "Fee Account, JSS University" payable at "Mysore".
- 8. As prescribed by the University from time to time.

# JSS University, Mysore Ph.D., REGULATIONS FORM II

## Ph.D., Recognised Guide Particulars Form

# (To be filled by the Recognised Guide only and submitted along with the Provisional Registration form of the Candidate)

1.	Name	of the	guide
	I (MIIIO	OI UII	50100

2.	Date	of	birth	and	age
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- 3. Qualifications
- 4. Designation
- 5. Official Address

Telephone

Fax

E-mail

6. Residential Address

Telephone

Fax

Mobile

E-mail.

7. Recognised guide of this University (Enclose certified Xerox Copy of recognition).

8. No. of candidates already guided and who have received Ph.D., Degree

# 9. Details of candidates currently Registered

Sl. No.	Name of the candidate	Date of Registration & Session	Date of Methodology Exam	Date of submission of synopsis	Provisional title of thesis	Area of Research
1						
2						
3						
4						
5						
6						

<sup>\*</sup>As per JSS University Regulation, each Guide can register only 6 Candidates.

I shall abide by the rules and regulations of the University

Date	:		Signature	<b>:</b> :
Station	:		Seal	:

# JSS University, Mysore Ph.D REGULATIONS FORM III

# Ph.D., Recognised Co-guide Particulars Form

# (To be filled by the Recognised co-guide only and submitted along with the Provisional Registration form of the Candidate)

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- 2. Date of Birth & Age
- 3. Educational Qualifications with date and year of passing
- 4. Designation
- 5. Official Address

Telephone

Fax

E-mail.

6. Residential Address

Telephone

Fax

Mobile

Personal E-mail.

- 7. Willingness to officiate as co-guide
- 8. Previous Experience as co-guide

## 9. Details of candidates currently Registered

Sl. No.	Name of the candidate	Date of Registration & Session	Date of Methodology Exam	Date of submission of synopsis	Provisional title of thesis	Area of Research
1						
2						
3						
4						
5						
6						

<sup>\*</sup>As per JSS University Regulation, each Co - Guide can register only 6 Candidates.

10. If willing to officiate as a co-guide for the first time, whether the applications for Registration as a co-guide has been submitted in FORM IX as mentioned in the Ph.D., Regulations.

I shall abide by the rules and regulations of the University

Date	:	Signature
Station	:	Seal