



MADRURAI KAMARAJ UNIVERSITY

(University with Potential for Excellence)

APPLICATION FOR REGISTRATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.,)



<p>Candidate should sign at the top of the photograph</p> <p>Affix passport size photograph of the candidate</p> <p>Head of the Institution to countersign the photograph at the bottom</p>	FOR OFFICE USE ONLY								
	Application No:		Valid up to Three months from date of issue						
	Date of Issue:		Date of Receipt:						
	Cost of Application ` .750/- Mode of payment : Account No.1 / Demand Draft								
	Account No.1	Name of Branch of SBI				Date:			
	Demand Draft No:				Name of Bank				
	Branch				Date:				
	Assistant:				Supdt. Signature				
Regn. Fee: ` .2000/- Mode of payment : Account No.1 / Demand Draft									
Account No.1, Name of Branch of SBI						Date:			
Demand Draft No:				Name of Bank					
Branch				Date:	Signature				
Name of the Applicant (IN BLOCK LETTERS) Mr. / Ms.	English								
	Tamil								
Name of the Father / Husband / Guardian									
Date of Birth	Date			Month		Year			
	Place of Birth					Sex M / F			
Nationality	Religion					Category OC/BC/MBC/SC/ST			
	Community								
Address for Communication									



For Contact	email:		Phone with STD Code		
			Mobile No.		
Educational Qualification	Branch / Subject	College	University / Institution	Month & year of passing	% of Marks & Class / Grade / Division
UG					
PG					
M.Phil.,					
Any other Higher Degree					
If employed, present occupation	Designation				
	Institution				
	Address				
Category of Research, (strike out whichever is not applicable)	FULL TIME		PART TIME		
Faculty (strike out whichever is not applicable)	ARTS / SCIENCE/FINE ARTS / COMMERCE / BUSINESS ADMINISTRATION / LINGUISTICS / EDUCATION				
Subject					
Specific area of Research, if any					



Title of the proposed research work			
Particulars of the Guide / Supervisor	Name		
	Designation		
	Institution /Organization with address		
Particulars of the Co-guide if any	Name		
	Designation		
	Institution /Organization with address		
Date:	Signature of the Candidate		
Place:	Name:		
To be filled by the Guide			
Guide Recognition Particulars*	Number		Date
Date of Birth			
Date of Retirement			



LIST OF CANDIDATES UNDER THE SUPERVISION OF THE GUIDE

Sl. No.	Ph.D. Full Time / Part Time	Name of the Candidate	Registration Number of the Candidate	Date of Registration
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Date: :

Signature of the Guide

Place

Name:

FOR OFFICE USE ONLY

Particulars regarding Admission	Date of Entrance Examination		Date of Interview	
	Date of Admission in the Institution		Date of Registration	

*Self attested Photocopy of the Order issued by the University to be enclosed.



Annexure: 1

Service-Cum No Objection Certificate
(To be filled by the Employer)

This is certify that Mr. / Ms. _____
is working as _____ in the Dept / Section of _____
_____ in our institution from _____ to _____
and he / she is interested to pursue Ph.D., Programme in Madurai Kamaraj University
as Full-Time / Part-Time Research Scholar under the guidance of
Dr. _____ working as (Designation)
_____ in the (Department / Organization)
_____.

We have no objection for his / her registration to pursue Ph.D., degree programme
in Madurai Kamaraj University as Full-Time/ Part-Time Research Scholar.

Signature of the Employer

Annexure: 2

Willingness Certificate of Guide
(and Co-guide, if any)

I am willing to guide Mr. / Ms. _____ on his / her
Ph.D research topic “ _____
_____ ”.

Signature
(Co-guide, if any)

Signature
(Supervisor) with official seal

Date:

Place:



Annexure : 3

Certificate on Research Title

This is to certify that the proposed research “(Title) _____
_____” chosen by
Mr. / Ms. _____ for his / her research has not been done
earlier for the award of Ph.D., degree in this University or any other University.

Date:

Signature

Place:

(Supervisor) with official seal

Annexure : 4

Certificate of one Year Full Time Research
(applicable to part-time candidates only)

This is to certify that the candidate Mr. / Ms. _____
_____ will be given necessary facilities to do one year full-time research work
in the Department of _____.

Date:

Signature

Place:

Head of the Institution



CHECK LIST

Sl. No	Particulars	Remarks	Office use
1.	Payment of Registration Fees Rs.2000/-	SBI Chalan / Demand Draft	
2.	Attested copies of (SSLC / 10 th STD and HSC / 12 th STD) Mark Sheets	Yes / No	
3.	Original Certificates of UG, PG and M.Phil., degrees.	Yes / No	
4.	Attested copies of UG, PG and M.Phil., degrees.	Yes / No	
5.	Attested copy of any other Degree	Yes / No	
6.	Attested copy of community certificate	Yes / No	
7.	Attested copy of appointment order in project / scheme	Yes / No N.A	
8.	Original certificate of the results of the entrance test for admission	Yes / No	
9.	Certificate from the guide for interdisciplinary nature of the work	Yes / No / N.A	
10.	Willingness of the co-guide, if the work is interdisciplinary	Yes / No /N.A.	
11.	Proposal of the research work	Yes / No	
12.	Attested copy of the Admission letter sent by the institution	Yes / No	
13.	Attested copy of joining report of the candidate in the Dept / School/ Institution	Yes/ No	
14.	Recognition certificate for PG and M.Phil., Degree (Obtained from other universities)	Yes / No	
15.	Photo copy of the Guideship recognition letter / certificate from the guide.	Yes / No	

***Original Certificates to be submitted along with the application for verification**

Date:

Place:

Candidate

Signature of the

Note: The above application Form can be downloaded from www.mkuresearch.org