



VINAYAKA MISSIONS UNIVERSITY

(Established Under Section 3 of the UGC Act 1956)

SALEM

APPLICATION FOR REGISTRATION FOR Ph.D. PROGRAMME

Read the Regulations Governing Doctoral Degree (Ph.D.) Programs before filling. Wherever a box is provided, place a tick mark (✓) inside to indicate "yes"; wherever alternatives (/) appear in responses, Strike out whichever is not applicable.

1. Name (in BLOCK letters) :
(As in UG/PG degree Certificate)
2. Faculty of your PG Degree qualification :
(This will be the faculty for the Ph.D. Registration)
3. Discipline of your PG Degree qualification:
(This will be the discipline for the Ph.D. Registration)
4. Address for communication

Affix a recent
passport size
photograph
attested by a
gazette officer
or HOD of
current working
study
place

Office (If employed)	Address for Communication
Designation: _____	-----
Department _____	-----
Organization _____	-----
Place _____	Place: -----
Dist & State _____	Dist & State: -----
Phone : (with STD Code): -----	-Phone : (with STD Code) -----
Mobile: -----	Mobile: -----
E-Mail Id :	E-Mail Id

5. Mode : Full Time Part Time

If ' Part-Time'

a) Designation and office of work:

b) Do you live in Tamilnadu / Puducherry? Yes No

13. (a). Academic Distinctions (if any) :

Awards /Medals /Prizes/ Fellowships/Honours earned during/Consequent to academic/
research performance:

(b). Membership of Professional Bodies (if any):

14. Research Interest

(a) Papers presented related to your Research Area (attach additional sheets if needed)

Sl. No	Author/Authors in actual sequence	Title	Name of Conference/ Symposium etc,	National/ International etc	Specify paper or poster	Whether published in proceedings (Enclose copy if published) of the conference	Date & Year

(b) Papers published in Research Journals (Attach additional sheets if needed)

Sl. No	Author/Authors in actual sequence	Title	Name of Journal (Enclosed copy of paper)	National/ International	Place of Publications	Date & Year

15. Major area of Research

16 Tentative Research Topic :

17. Department and Institution for Research

18. Particulars of payment of Application Fee:

Name of the Bank & Branch	Demand Draft No	Date	Amount

19. DECLARATION BY THE CANDIDATE:

This is to certify that the particulars given above are correct and complete to the best of my knowledge and belief. I am aware that any wrong information or suppression of facts may result in punitive action in addition to cancellation of my candidature for admission to the programme irrespective of the status of my research work.

Place :

Date :

Signature of the Candidate

20. Willingness of a Supervisor:

I am willing to Supervise the Ph.D. work of the candidate

Signature of an approved Supervisor :

Details of the approved Supervisor

Name in CAPITALS :

Mobile No:

Designation and Department :

Institution of VMU where the Supervisor works:

FOR BOTH FULL-TIME and PART-TIME PROGRAMME

The Candidate, if selected, will be permitted to undergo Full-time / Part-time research programme in the university Department / this college of College of Vinayaka Missions University. During this period the candidate will be permitted to be present for discussions with the Supervisor, attending course work, carrying out experimental studies, participating in Seminars/meetings and taking examinations related to the programme.

Place :

Date :

Signature of Head of the Institution
where the candidate intends doing research

Name and Designation:
Seal

FOR PART-TIME PROGRAMME

CERTIFICATE FROM THE ORGANIZATION WHERE THE CANDIDATE IS EMPLOYED

Certified that Mr./Mrs. _____ is employed as
(Designation) _____ in the (Department /Division)

Of Institution's Name & Address) _____

The Organization has no objection in forwarding his/her application for pursuing Ph.D Programme at
Vinayaka Missions University.

Place :

Date :

Signature of Head of the Institution

Name and Designation:
Seal