



BHARATHIDASAN UNIVERSITY
TIRUCHIRAPPALLI – 24
APPLICATION FORM FOR ADMISSION AND
PROVISIONAL REGISTRATION FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.)
 (Applicable from July 2011 onwards)

Candidate should sign at the top of the photograph

Affix passport size photograph of the candidate

Head of the institution should countersign at the bottom of the photograph

Appln. No.

Session Applied for **Tick**

Last Date	Session	Box
1 st December	January	<input type="checkbox"/>
1 st March	April	<input type="checkbox"/>
1 st June	July	<input type="checkbox"/>
1 st September	October	<input type="checkbox"/>

To be filled by the candidate

Payment Particulars	Details
Place of the Bank	
Demand Draft No.	
Amount*	
Date of Payment:	

*Application Fee : Rs.1000/- or US\$ 100
 Registration Fees : Rs.2000/- or US\$ 200

I. INFORMATION TO BE PROVIDED BY THE CANDIDATE

- Name of the Candidate
(as entered in Degree Certificate) :
- Date of Birth : Age: _____ Years Sex : Male Female
DD MM YYYY Transgender
- Nationality : _____ Religion : _____
- Community : SC ST MBC BC OC
Physically or Visually challenged : Yes / No
- Father's / Guardian's Name & Address :
- Address to which Communication to be sent (with Pincode):

Phone : _____ FAX : _____

Mobile: _____ E-mail: _____

7. Educational Qualification (10 + 2 + 3 + 2 pattern or equivalent)

Course	School	Board	Subjects Studied	Marks obtained in Percentage	Month & Year of Passing	Regular / Private / Other Study
S.S.L.C. (X Std./ XI Std.)						
HSC(+2)/ P.U.C.						
Any Other						

Degree	College	University	Subjects Studied	Marks obtained in Percentage	Month & Year of Passing	Regular / Private / Other Study
U.G.						
P.G.						
Any Other						

8. Marks /Grades obtained in Post Graduate Programme :

Total Marks Obtained	Total Maximum Marks	Percentage of Marks	Class Obtained

CGPA	Overall Grade

9. Whether the candidate has obtained M.Phil. / M.Tech. Degree? : Yes / No
(If Yes, attach degree certificate)

10. Particulars of service (starting from first appointment) for Part-Time candidates

Designation	From	To	Institution

Total Service : _____ Years.

11. Name & Address of the Department / College/ Other place where admission is sought by the candidate to conduct research :

12. 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

14. *(a) Discipline / Subject in which registration is sought :

(b) Whether the registration sought is in your Main discipline in which you have obtained your master's degree or in interdisciplinary areas :

* The Ph.D. degree will be awarded in this discipline / subject only.

15. Broad topic of research :

16. Name, Address & Date of retirement of the Supervisor / Guide :

17. Name, Address & Date of retirement of the Co-Guide, if any, (for Part-Time/ inter-disciplinary areas) :

Signature of the Head of the University Department / College Department

Signature of the applicant

Signature of the Head of the Institution / Principal

Signature of the Research Supervisor / Guide

**II. INFORMATION TO BE PROVIDED BY
THE RESEARCH GUIDE / SUPERVISOR**



18. Name and Address of the Research Guide / Supervisor :

Telephone / Mobile No. :

E-mail:

Date of Birth & Retirement

:

19. The Subject, Reference Number and Date of this office communication Recognizing the Research Supervisor/Guide and Co-guide :

20. Name of the Candidate :
(to whom you are willing to guide)

21. Total number of candidates currently working in Ph.D., and M.Phil., under the research supervisor, including the candidates of other Universities, if any.

Full-Time				Part-Time			
Ph.D.		M.Phil.		Ph.D.		M.Phil.	
Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.

Sl. No.	Name of the Candidate	University in which registered	Month & Year of Registration	Full-Time or Part-Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Date :

Place :

Signature of the Research
Supervisor / Guide

Signature of the Co-Guide

Signature of the Head of the
University Dept / College Dept

Signature of the Head of the Institution / Principal

**III. INFORMATION TO BE PROVIDED BY
THE HEAD OF THE INSTITUTION / PRINCIPAL**

- 22. Name of the Department
where Research has to be conducted :
- 23. The Reference Number and Date of this
office communication Recognizing the
Department for pursuing Ph.D. Research :
- 24. Number of Ph.D. research supervisors
available at present in the department :
- 25. Sanctioned strength of Ph.D. scholars
in the department :
- 26. Number of Ph.D. scholars available
in the department at present :

Signature of the Head of the
University Department / College Department

Signature of the Head of the
Institute / Principal

CHECK LIST

Sl. No.	PARTICULARS	Remarks	Office Use
1	Demand Draft for Payment of Application Fee Rs. 1000/ or US\$ 100 Registration Fee Rs. 2000/ or US\$ 200	Yes / No	
2	Attested Copy of SSLC (X / XI Std.) Mark sheet	Yes / No	
3	Attested Copy of HSC (+2) / PUC Mark sheet	Yes / No	
4	Attested Copy of UG Degree	Yes / No	
5	Attested Copy of PG Degree	Yes / No	
6	Attested Copy of PG Mark Sheet (Cumulative)	Yes / No	
7	Attested Copy of M.Phil Degree	Yes / No / Not applicable	
8	Attested Copy of any other Degree	Yes / No / Not applicable Specify, if Yes:	
9	Attested Copy of the Community Certificate	Yes / No	
10	Attested Copy of financial support from approved Agency (CSIR / UGC / NET / SLET)	Yes / No / Not applicable	
11	Attested Copy of appointment order in Research Project (JRF/SRF) / University Research Fellow (URF)	Yes / No / Not applicable	
12	Brief research proposal of 500 words	Yes / No	
13	Original Certificate from the Institution for providing facilities	Yes / No	
14	Recognition / Equivalence Certificate for M.A./ M.Sc/ M.Com., M.Ed and M.Phil. Degree.(Enclosed), if any.	Yes / No / Not applicable	
15	Original 'No Objection Certificate' from the head of the institution / Employer/director of School education / college Education/ IMS / others (Enclosed)	Yes / No	
16	Original ' Service Certificate ' from the head of the institution showing the details of Service in the Official format	Yes / No	
17	Photocopy of the recognition of guideship order issued by the Registrar, Bharathidasan University, Tiruchirappalli.	Yes / No	
18	Proof for the recognition of the dept / centre of Institution / College in which you are working	Yes / No	
19	Minutes of the Departmental Research Committee (DRC)	Yes / No	

Signature of the Candidate

Note:

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

**NO OBJECTION CERTIFICATE
To be filled by the Employer***

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

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

Signature of the Employer

*To be submitted by Candidates Employed and registering under Part-time category

CERTIFICATE FOR PROVIDING FACILITIES

This is to certify that the candidate, Mr./Ms. _____ will be given necessary facilities to do Full-Time / Part-Time research work in the Department of _____
_____.

Date:
Place:

Signature
Head of the Institution

SERVICE CERTIFICATE

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

Date:
Place:

Signature
Head of the Institution

(Model for wrapper and inside title page of Synopsis / Thesis of the Ph.D. Work)

Title of the Synopsis / Thesis

SYNOPSIS / THESIS SUBMITTED TO BHARATHIDASAN UNIVERSITY

**FOR THE AWARD OF THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN**

(Name of the Discipline)

By

(Name of the candidate)
(Register Number of the Candidate:)

(Name and Designation of the Research Supervisor)

Emblem

(Name of the Department / Constituent College)

Month and Year

(Note: The items in Italics as such are not to be scripted, but only the appropriate details pertaining to them need to be in the space provided)