

Application No.

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Center for Higher Learning and Research

Dr. Babasaheb Ambedkar Memorial Society's

Dr. Ambedkar College of Arts, Commerce and Science, Chandrapur

Deekshabhoomi, Civil Lines, Chandrapur - 442401 (M.S.) India

**Application form for Registration for the degree of
Doctor of Philosophy (Ph.D) in _____**

Year _____

Full Time

Part - Time (Internal)

Part - Time (External)

1. Name of the Applicant : Mr.Ms.Mrs.

(In Block Letter)

2. Father's Name/Husband's Name :

3. Date of Birth :

Age :

Place of Birth

4. Mother Tongue :

5. Nationality :

6. Religion :

7. Cast Category :

8. Address

a) Permanent address	b) Address for correspondence
Pin Code:	Pin Code:

9. Contact

a) Phone No. : _____

b) Mobile No. : _____

c) E-mail ID : _____

10. Academic Record

Sr. No.	Exam Passed	Subject	Year of Passing	College / University	Class	% of Mark
1	Degree					
2	Post Graduate					
3	M.Phil					
4	Title of M.Phil Dissertation					
Indicate the main subject/discipline						

11. Professional/Teaching/Research Experience

Sr. No.	Designation	Institution	Duration		Total Period		Particulars of work done
			from	to	Year	Month	
1							
2							
3							

12.

a) Broad area of research :
(enclosed xerox copy of Approved Synopsis of
proposed research)

b) Faculty in which you desire to pursue :
research

c) State whether the field of your research is :
interdisciplinary
if Yes, Mention the disciplines involved

d) Mention the Department of the college or :
Institute

e) Name, Designation and Address of the :
Supervisor
E-mail ID :

f) Name, Designation and Address of the :
Co-Guide, if any
Phone/Mobile No. :
E-mail ID :

13. State whether you have already registered for : Yes/No
Ph.D. Degree in any Other University
if yes, give details :

a) Date of Registration :

b) Title of the thesis :

c) Name and Address of the Supervisor :

d) Reason for fresh registration :

14. State if you are at present undergoing any :
other course of study in this University/in any
other University leading to any Degree or
Diploma or Certificate. If so, give details

15. Enclosure (tick the items enclosed)

1. Demand Draft for Registration details

Draft No & Date :

Value :

Name of the Bank :

Place of the Bank :

2. Attested Xerox Copy of P.G. degree Certificate
3. Attested Xerox Copy of M.Phil. degree Certificate
4. A Synopsis (Xerox copy) of the proposed research work.
5. Service certificate (from the previous and / or present employer)
6. No Objection Certificate (from the employer)
7. The Declaration Certificate from the Guide
8. Recognition Certificate (for other University Candidates)

Declaration by the Candidate

I, hereby, declare that the particulars furnished in this application are true and correct to the best of my knowledge and belief. In case, any particulars furnished in this application are found incorrect, I agree to forfeit my registration no matter at what stage of the course, I will be that time.

Place:

Date:

Signature of the Applicant

CERTIFICATE TO BE FURNISHED BY THE SUPERVISOR

I _____
working as _____ in _____
agree to serve as Supervisor for Mr.Ms.Mrs. _____ for
his/her Full time/ Part time Ph.D. Research Programme.

His / Her subject area / will be _____

I have been recognized as a guide by the GONDWANA UNIVERSITY for guiding research work of candidates
leading to Ph.D. Degree in _____
(Vide Gondwana University communication No _____
Dt. _____) (Copy enclosed)

As on date I have the following research scholars who are pursuing research under my guidance at
Gondwana University and have not yet submitted their thesis

Under Direct Supervision

Sr. No	Name of the Candidate	Full Time Part-time	Date of Registration	Registration Number

As a Co-Guide

Sr. No	Name of the Candidate	Full Time Part-time	Date of Registration	Registration Number

Signature of Co-Guide

Mobile No : _____

E-mail ID : _____

Signature of the Supervisor

Mobile No : _____

E-mail ID : _____

CERTIFICATE OF THE HEAD OF THE RESEARCH CENTRE / DEPARTMENT

This is to certify that Mr./Ms./Mrs. _____
is permitted to register for Ph.D. Full-time/Part-time programme under Dr. _____
_____ in the Department of _____ College / University /
Research Institute. He / She will be allowed to make use of the facilities in the Department / College /
Institute to pursue his / her research programme.

**Signature of Head of the Department
with office Seal**

**Signature of the head of
Research Centre with office Seal**

For Office Use Only

Date of receipt of the application :

Date of registration :

Registration Number :