



GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No.MISC-2010/(252/10)UNI-4
Dated 27th Sept.2011 State University governed by Maharashtra Universities Act, 1994.)

APPLICATION FORM

APPLICATION FORM FOR REGISTRATION AS A RESEARCH STUDENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN THE SUBJECT _____ UNDER THE FACULTY OF _____

**To,
The Controller of Examinations,
Gondwana University, Gadchiroli**

Passport Size
Photograph
Attested By
Gazetteer
Officer

Sir/Madam,

I hereby apply for being registered as a research student for the degree of Doctor of Philosophy (Ph.D.) in the Subject _____ Under the Faculty of _____ of the Gondwana University, Gadchiroli.

The required fee of Rs. _____ has been paid in the University account on the date _____ vide receipt No. _____. (A copy of the receipt is enclosed herewith)

- 1) Name in Full : _____
(In Block Letters) Surname First Name Middle Name
- 2) Name of Mother : _____
- 3) Name of Father/Husband : _____
- 4) Date of Birth : In figure _____

In words _____

5) Permanent Address : _____

6) Address for correspondence: _____

Telephone No: _____ Mobile: _____ E-mail : _____

7) Marital Status (Married/ Single) : _____

8) Religion : _____

9) Nationality : _____

10) Caste : _____

11) (a) I belong / do not belong to backward class* _____

(b) My category is SC /ST /OBC /VJ /NT /SBC* _____

12) Mother Tongue _____ Languages Known _____

13) Name of the University from where : _____

qualifying degree has been obtained

14) College last attended : _____

15) Enrolment Number, if passed : _____

from R.T.M. Nagpur University

(*Strike off whichever is not applicable)

16) **Details of Examination passed:**

Examination passed	University	Year	Subject offered	Division	Aggregate Marks	Percentage/ grade

- 17) Are you employed? Yes/No : _____
- (a) Designation : _____
- (b) Address of office : _____

18) Subject (Relating to the Board : _____
of Studies in the Faculty)

19) Topic of Research: _____

20) Name and address of the Department/ Institution where the proposed research is to be
Carried out : _____

21) Name, designation and address of the allotted Guide under whose supervision the
proposed Research is to be prosecuted

22) Recognition number of Guide: _____

23) Whether the Ph.D. Entrance Test conducted by this University has passed? Yes/No

If yes please give details :

(a) Roll Number : _____

(b) Date & Year of Passing : _____

(c) Exempted from PET Under clause : _____

(d) Percentage obtained : _____

24) Whether the candidate is exempted from Entrance Examination? (Yes/ No)

If yes, please give details :

25) List of documents enclosed : _____

Place :

Date :

(Signature of the Candidate)

(Signature of the Guide/Co-Guide)

INSTRUCTIONS:

- (1) Attested true copies of the mark list / Degree certificate must be attached.
- (2) Candidate who has passed the qualifying examination from any University other than Gondwana University, Gadchiroli should submit an original Eligibility Certificate from Gondwana University Gadchiroli.
- (3) If the candidate belongs to the Backward Community, copy of caste certificate be enclosed.
- (4) Incomplete application will not be accepted under any circumstances.

***Ordinance No. of 2015, para 5) b) clauses i to ix**

UNDERTAKING BY CANDIDATE

I promise to abide by the provisions of Ordinance, Direction, rules and regulations of Gondwana University Gadchiroli governing Ph.D. program issued in this regard from time to time and discipline of the University and the above mentioned instructions.

Signature of the Candidate

ENDORSEMENT OF THE GUIDE

- 1) I am willing to supervise the research work of the applicant. The proposed subject of research and the outline enclosed herewith have my approval
- 2) The subject of research refers to the Board of Studies in Subject _____ in the Faculty of _____
- 3) The number of students already registered to work under my supervision is _____
- 4) I have been recognized / not been recognized as a research supervisor by the

University vide letter No. _____

Date :

Place :

Signature of the Guide/ Co-Guide

ENDORSEMENT OF THE HEAD OF PLACE OF RESEARCH

Forwarded and recommended. Necessary facilities available in this Department/ Institution will be provided to the applicant.

Date:

Signature of Head of the Place of Research