

Application No. :-

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**Centre For Higher Learning and Research
Sushilabai Ramchandrarao Mamidwar College of Social Work,
Padoli, Chandrapur - 442406- India**

Application Form for registration for the degree of
Doctor of Philosophy (Ph.D)
Year _____

Full time

Part-time
(Internal)

Part-time
(External)

1. Name of the Applicant

(In Block letters) : Mr./Ms./Mrs.

2. Father's / Husband's Name :

3. Age, Place and Date of Birth :

4. Mother tongue :

5. Nationality :

6. Religion :

7. Category :

Address	
a) Permanent	b) Address to which communications are to be sent
Pin Code:	Pin Code:

8. a) Phone No. :

b) Mobile No.:

c) e-mail / ID :

9. Academic Record

Sr No	Exam Passed	Subject (s)	Year of passing	College/University	division	% of Marks
1.	Under Graduate Degree :					
2.	Post Graduation					
3.	M.Phil : Subject					
	Title of M.Phil Dissertation					

Indicate the main Subject / discipline

10. Professional / teaching / research Experience

Sr No	Designation	Institution	Duration		Total Period		Particulars of work done
			From	to	Y	M	
1.							
2.							
3.							

11. a) Broad area of research :
(Enclose Xerox copy
Approved synopsis of
Proposed research)
- b) Faculty in which you desire to
pursue research :
- c) State whether the field of your research
Is inter disciplinary : Yes / No
If Yes, mention the disciplines involved :
- d) Mention the Department of the
College or Institute
Where you propose to do research :
- e) Name, Designation and Address of the
Supervisor
Phone / Mobile No. :
E-mail / ID :
- f) Name, Designation and Address of the
Co-guide, if any :
Phone / Mobile No. :
E-mail / ID :
12. State whether you have already
Registered for Ph-D. Degree in
Any other University : Yes / No
Phone / Mobile No. :
E-mail / ID :
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 :

13. State if you are presently undergoing
Any other course of study in this
University / in any other university
Leading any Degree or Diploma or
Certificate. If so, give details :

14. Enclosures

1. Demand Draft for Registration : Draft No. & Date :
Value :
Name of the Bank :
Place of the Bank :
2. Attested Copy of U.G. Certificate
3. Attested Xerox Copy of P.G. Convocation Certificate
4. Attested Xerox Copy of M-Phil Convocation Certificate
5. A synopsis (Xerox Copy) of the proposed research work
6. Service Certificate (from the previous and / or present employer)
7. No Objection Certificate (from the employer)
8. The Declaration Certificate from the guide.
9. Recognition Certificate (for other University candidates)

Declaration by the Candidates

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 at time.

Plase :

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 Candidates	Full-time Part- time	Date of Regn.	Regn. No.

As a Co-Guide

Sr. No	Name of the Candidates	Full-time Part- time	Date of Regn.	Regn. No.

Signature of co-guide :

Signature of the supervisor :

Mobile No. :

Mobile No. :

E-mail/ID :

E-mail/ID :

CERTIFICATE BY THE HEAD OF THE RESEARCH CENTER/DEPARTMENT

This is to certify that Mr. / Ms. / Mrs.

_____ is permitted to register for Ph.D Full-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 Principal & Director
of Research Centre with office seal**

For Office Use Only

Date of receipt of the application :

Date of registration :

Registration Number :