

Full-Time / Part-Time :

TO BE SUBMITTED TO THE REGISTRAR, BHARATHIAR UNIVERSITY, WITHOUT ENCLOSURES

BHARATHIAR UNIVERSITY , COIMBATORE - 641 046

Application for admission to Ph.D. Programme for July 2016 Session

PHOTO

Post Graduate Discipline

Proposed Discipline and Research Area

250 words proposal in a separate sheet

Proposed Research Institute
(Name of the University Department/
Name of the Affiliated College/
Name of the approved Research Institutions)

1. Name (In Block Letters as in records) :

2. Sex : <input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Transgender	5. Nationality :	8. Name of the Community :
3. Date of Blrth	6. Religion :	BC / MBC / DNT / SC / ST / Other
4. Age :	7. Differently Abled : Y/N	<input style="width: 80px; height: 15px;" type="text"/>

9. (a) Permanent Address :	(b) Address to which communications are to be sent
Pin	Mobile No.

10. (a) Marks Secured in the Bharathiar University Common Entrance Test (CET) July 2015 :

(or)

(b) Whether cleared NET/SET/GATE/UGC-JRF/CSIR/Teacher Fellowship: Y N

11. Academic Particulars

Exam. passed	Month & yr. of passing	Duration of course	Class obtained	Major subjects	% of marks obtained
SSLC / 10th					
PUC / +2					
M.Phil Degree					

12. Professional / Teaching / Research Experience : (Certificates to be attached Separately)

Designation	Institution	Duration	To	Particulars of work done

13. Awards / Medals / Prizes / Honours received any : The detail may be enclosed separately :

14. DD/Challan No. Date : Amount : Bank Name :

The particulars furnished above are true and correct. In case of any particulars furnished in the application are found incorrect, I agree to forfeit my admission, no matter at what stage of the course I will be at that time.

Place :

Date :

Signature of the Candidate

Full-Time / Part-Time :

TO BE SUBMITTED DIRECTLY TO THE HEAD OF UNIV. DEPT. / COLLEGE / ARI	PHOTO
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4. Age :	7. Differently Abled : Y/N	<input style="width: 50px; height: 15px;" type="text"/>

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Place : _____
 Date : _____ Signature of the Candidate

CERTIFICATE TO BE FURNISHED BY THE SUPERVISOR / GUIDE

1. Dr. / Thiru. / Ms.....working asat.....
 accept to serve as supervisor for Thiru / Ms.
 for his / her Full-time / Part-time Ph.D research programme in
 His / her Broad field of research will be : (in Capital Letters).....

I have been recognised as a guide by the Bharathiar University for supervising research work of candidates leading to Ph.D research degree in
 (Vide B. U. Commu. No.....Dt.....) Mobile .

Presently, on date, I have the following research scholars who are pursuing research under my guidance and have not yet submitted their dissertations.

	Name of Candidate	Ph.D		Date / Year of Registration

Signature of the Supervisor.

CERTIFICATE TO BE FURNISHED BY THE H. O. D. / PRINCIPAL / DIRECTOR

Thru. / Ms.....is recommended for admission and registration to the Ph.D Full-time/Part-time programme under in the Department of.....at.....(College / University / Research Institution.) Necessary facilities will be provided to the candidate to pursue his/her research programme.

The above recommendation is made in accordance with the University guidelines.

**Signature of HOD (College)
with seal**

**Signature of Principal / HOD (Univ. Dept.) / Director
with seal**