

Registration form for Ph.D

DIAMOND HARBOUR WOMEN'S UNIVERSITY

**FACULTY OF ARTS / SCIENCE / INTERDISCIPLINARY STUDIES,
(STRIKE OUT WHICH IS NOT APPLICABLE)**



AFFIX
ATTESTED
RECENT
PHOTOGRAPH

TO
THE REGISTRAR
DIAMOND HARBOUR WOMEN'S UNIVERSITY
SARISHA, D.H.ROAD
SOUTH 24 PARGANAS, PIN-743368

SIR,

I HEREBY APPLY FOR REGISTRATION AS A PH.D STUDENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN ARTS / SCIENCE / (SUBJECT)*..... OF YOUR UNIVERSITY IN THE DEPARTMENT / INSTITUTE OF _____ AND SUBMIT BELOW THE REQUISITE DETAILS, IF ACCEPTED, I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE UNIVERSITY. PARTICULARS GIVEN BELOW ARE TRUE & CORRECT TO THEBEST OF MY KNOWLEDGW & BELIEF.

1. NAME (IN BLOCK LETTERS)
(ACCORDING TO THE SCHOOL LEAVING CERTIFICATE)
2. DATE OF BIRTH MARITAL STATUS.....
3. FATHER'S NAME / MOTHER'S NAME
4. CATEGORY: GENERAL / SC / ST / OBC / PWD
(STRIKE OUT WHICH IS NOT APPLICABLE)
5. NATIONALITY
6. PERMANENT ADDRESS

*Mention subject / discipline ONLY when applying for the Ph.D programme offered by a University
(Strike out whichever is not applicable)

7. ADDRESS FOR COMMUNICATION:

.....

MOBILE NO.

PHONE NO.

E-MAIL

8. PARTICULARS OF ACADEMIC CAREER:

Name of the Examinations	Examination passed	Name of Institute / University	Major Discipline	Year of Passing	Total Marks obtained	(%) Marks / CGPA
Madhyamik or Equivalent						
Higher Secondary or Equivalent						
Bachelor Degree						
Master Degree						
Post Master Degree						
M.Phil (Two year regular course)						

- (i) ATTESTED COPIES OF ALL CERTIFICATES & MARK-SHEET OF DEGREES ETC. MUST BE ENCLOSED.
- (ii) MIGRATION CERTIFICATE, IN ORIGINAL, MUST BE SUBMITTED PRIOR TO DEPOSIT OF REGISTRATION FEES.

9. WHETHER QUALIFIED FOR NET / SET / GATE / ANY OTHER EQUIVALENT EXAMINATION (PLEASE ENCLOSE RELEVANT DOCUMENT)

10. PRESENT EMPLOYMENT / FELLOWSHIP (IN BLOCK LETTERS):

NAME OF ORGANIZATION

.....

NATURE OF RESEARCH WORK / DUTY

.....

11. PROPOSED RESEARCH WORK:

(A) PROPOSED AREA / THEME OF RESEARCH:

.....
.....

(B) STATEMENT OF PURPOSE REGARDING RESEARCH OBJECTIVE (WITH 100 WORDS)

.....
.....

(C) DEPARTMENT / SCHOOL / INSTITUTION WHERE THE PROPOSED RESEARCH
WORK IS TO BE CARRIED ON WITH ADDRESS

.....
.....

YOURS RESPECTFULLY

DATE:

(SIGNATURE OF THE APPLICANT IN FULL)

EMPLOYER'S CERTIFICATE

SRI/SMTIS A FULL TIME / PART
TIME EMPLOYEE OF THIS ORGANIZATION / INSTITUTION / INDUSTRY WORKING IN
THE CAPACITY OF WE HAVE NO OBJECTION TO HIS /
HER PURSUING PH.D RESEARCH WORK AT DIAMOND HARBOUR WOMEN'S
UNIVERSITY AS PERMITTED UNDER THE RULES.

DATE:

FULL SIGNATURE WITH DESIGNATION
OF THE EMPLOYER WITH OFFICIAL SEAL

(FOR OFFICE USE ONLY)

PH.D RESEARCH COMMITTEE

SELECTION OF CANDIDATE FOR REGISTRATION FOR PH.D PROGRAMME

CONSIDERED THE APPLICATION OF FOR
REGISTRATION OF NAME FOR PH.D DEGREE

1. WE INTERVIEWED THE CANDIDATE ON QUALIFIED /
NOT QUALIFIED

2. WE HAVE CHECKED THE UNDER MENTIONED ORIGINAL CERTIFICATES:
 - (1) MADHYAMIK / EQUIVALENT EXAM.
 - (2) HIGHER SECONDARY / EQUIVALENT EXAM..
 - (3) BACHELOR'S DEGREE
 - (4) MASTER'S DEGREE
 - (5) M.PHIL
 - (6) OTHERS B.T. / B.ED / B/LIB. ETC.

DATE:

SIGNATURE OF THE HEAD OF THE
DEPARTMENT / DIRECTOR OF THE
SCHOOL & CHAIRMAN, PH.D.
RESEARCH COMMITTEE WITH SEAL

SIGNATURE OF THE CONVENOR

DECLARATION CERTIFICATE
(STRIKE OUT WHICH IS NOT APPLICABLE)

I AM NOT PURSUING ANY COURSE OF STUDY AT ANY OTHER UNIVERSITY / INSTITUTION IN INDIA OR ABROAD AT PRESENT. IN CASE PROVED OTHERWISE MY REGISTRATION UNDER THIS UNIVERSITY WOULD STAND CANCELLED FORTHWITH.

I AM A FELLOW / RESEARCHER IN AT PRESENT IN THE POSITION OF

I AM EMPLOYED / UNEMPLOYED / PART-TIME EMPLOYED AT PRESENT.

RECOMMENDED

(SIGNATURE OF THE APPLICANT IN FULL)

(I)

(II)

(SIGNATURE OF THE SUPERVISOR/S)

DATE:

CONSENT OF THE PROPOSED SUPERVISOR:

SIGNATURE OF THE SUPERVISOR/S

DECLARATION FROM THE SUPERVISORS REGARDING TOTAL NO. OF REGISTERED PH.D. CANDIDATE UNDER HIS / HER SUPERVISION IN DIFFERENT UNIVERSITIES / INSTITUTION ORGANISATIONS.

NAME OF THE CANDIDATE WHO HAS NOT YET SUBMITTED HIS / HER THESIS	DATE OF REGISTRATION	NAME OF THE UNIVERSITY	REMARKS, IF ANY

DECISION OF THE FACULTY DOCTORATE COMMITTEE: RESOLUTION NO. DATE

DATE:.....

SIGNATURE OF THE
SECRETARY OF THE FACULTY COUNCIL

PH.D RESEARCH ADVISORY COMMITTEE

A. REGISTRATION FOR PH.D PROGRAMME

APPLICATION OF FOR
REGISTRATION OF NAME FOR PH.D DEGREE.

1. WE INTERVIEWED THE CANDIDATE ON: QUALIFIED / NOT QUALIFIED

DATE:.....

SIGNATURE OF THE HEAD OF THE DEPARTMENT/DIRECTOR OF THE
SCHOOL & CHAIRMAN PH.D RESEARCH ADVISORY COMMITTEE WITH SEAL

DATE:.....

SIGNATURE OF THE CONVENOR
PH.D RESEARCH ADVISORY COMMITTEE WITH SEAL