

## **ALAGAPPAUNIVERSITY**

(A State University Established by the Government of Tamil Nadu in 1985, Recognized by UGC)
Accredited with A++ Grade by NAAC in the Fourth Cycle under Dual Mode,
Graded as Category-I University by UGC



KARAIKUDI - 630 003, Tamil Nadu, India

### CHECK SLIP: APPLICATION FORM FOR Ph.D. REGISTRATION

Name	of the Candidate: Subject:				
Mode	of study: Full-time / Pa	rt - tim		Page No.	
1.	D.D.	:	Rs. 1000/-		
2.	DRAC Minutes	:	Recommended by the members of		
			DRAC		
3.	Research Proposal	:	Signed by the Candidate & Guide		
		(i)	P.G. Marks Statement(s)		
		(ii)	P.G. Degree Certificate		
4.	<b>Original Certificates</b>	(iii)	P.G. Provisional Certificate		
		(iv)	M.Phil. Marks Statement(s)		
		(v)	M.Phil. Degree Certificate		
		(vi)	M.Phil. Provisional Certificate		
		(i)	Service Certificate		
5. For part-time scholars			No Objection Certificate		
		(ii)	(from the present appointing authority)		
6.	For NRI / Foreign	(i)	Copy of Passport (with VISA entry)		
	candidates	(ii)	Proof of citizenship		
		(i)	Community Certificate		
7.	Attested copy	(ii)	Transfer Certificate (for date of birth)		
		(iii)	Entrance Exam./NET/SLET		
8.	Others if any				
9.	CD should contain the f	followin	ng files		
	(a) Pdf	(i)	Research Proposal		
	(b) Images	(i)	Photo, Signature		
		(ii)	All original certificates, Community		
			certificate, Transfer certificate		
		(iii)	DRAC Recommendations		
		(iv)	Entrance Examination Pass certificate		
		(v)	NET / SLET		
		(vi)	NOC (for part-time candidates)		
		(vii)	Service Certificate (for part-time		
			candidates)		

## **APPLICATION NO:**



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KARAIKUDI - 630 003, Tamil Nadu, India

# APPLICATION FOR REGISTRATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.)

Please Tick ( / ) FULL Note: Please ensure your application is complete be considered.			not		
<ol> <li>Name of the subject in which the candidate desires to pursue research (Refer Ph.D. Regulations)</li> <li>Name of the applicant (Block Letters) as entered in the qualifying PG educational records)</li> <li>Date of Birth (DoB) (Please attach attested copy of Certificate of TC/School Leaving Certificate for Proof of DoB)</li> </ol>	D D M M	Affix posize posize positive and the Robert Super Supe	whoto attested esearch visor)		
4. Gender :	Male / Female				
5. Place of Birth Village/Town District: State:	Taluk :				
6. Father's/ Husband's/Guardian's Name :					
7. (a) Nationality:	(b) Religion:				
8. Country (Foreign National / NRI) 9. Name of the Community (Please Tick ): (Please attach Attested copy in case of non-OC Candidates)	OC BC BCM OBC M	MBC DNC	SC SC	C(A)	ST
10. Address for Communication	:				
	Pin				
Email id:					
Mobile :	Phone (LL)				

## 11.ELIGIBILITY REQUIREMENTS:

Candidates who have passed through 10+2+3+2/11+1+3+2/10+3+2+2 pattern alone can apply

(A) Academic Qualifications Passed from X, XII and UG

Sl. No.	Examinations passed	Name of the School / College	Register Number	Month & Year of passing	Class / Grade/ Marks %
1.	X Std.				
2.	XII Std. (+2)				
3.	U.G.				

(Please attach Xerox copies of Marks statement & Degree Certificate, without which application will be rejected)

(B) Academic Qualifications Passed from PG onwards

Sl. No.	Examinations passed	Name of the College / University	Register Number	Month & Year of passing	Discipline/ Major Subject	Class / Grade/ Marks %

(Please attach original P.G. &M.Phil. Certificates /Diplomas etc., without which application will be rejected)

(C) Details of National and State level Examinations / Entrance Examination Passed. (Candidates should have passed any one of the following Examination)

Name of the Examination passed	Registration No.	Month & Year of Passing
NET /SET/GATE		
Pre-Registration Qualifying Entrance Examination for Ph.D. conducted by AlagappaUniversity		

(Please attach attested copy of the certificate)

Colle	Name of the University D ge / Approved Research date proposes to do resea	Centre where the			
13. a	) Broad field of propose	d research work	:		
t	Title of Research Pro (IN BLOCK LETTE) (This has to be the tit changed adopting due	RS) le of the thesis, unless	:		
C	e) State whether the Res work is inter -disciplin		: Yes	No	
Ċ	d) If 'Yes' mention you	r (i) Prime Discipline			
	(ii) Co-Discipline	:			
Scope Collect propos	, Latest Review, Objective tion, Sampling, if any, T	ot exceeding 500 words) of es, Methodology to be empl fools of Data Analysis, Pos osed together with the Sig e proposal.	oyed, Data Rec sible outcome	quirements, To of the propos	ools of Data sed research
	9	fessional experience in the			
14.Te	naching/ Research / Pro Name of the Institution	fessional experience in the Designation	re proposed re Per From		Area of Specialization
Sl.	Name of the		Per	riod	Area of
Sl. No.	Name of the Institution		Per From	riod To	Area of
(Pleas NOC 15. P	Name of the Institution	Designation  ience certificate obtained onting Authority)	Per From	riod To	Area of
(Pleas NOC 15. P	Name of the Institution  se attach original Exper obtained from the Appo	Designation  ience certificate obtained binting Authority)  ork if any previously:  has already hil./Ph.D. Degree in my other University?	Per From	riod To	Area of Specialization  a Other
(Pleas NOC 15. P	Name of the Institution  See attach original Exper obtained from the Appoarticulars of research we by the candidate  Whether the candidate registered for the M.P this University or at a If so, give details (Ple	Designation  ience certificate obtained binting Authority)  ork if any previously:  has already hil./Ph.D. Degree in my other University?	From  from the Emp  Research Work M.Phil.,	loyer and	Area of Specialization  a Other

ame of the erstwhile Supervisor	Address of the erstwhile Supervisor
) Reason for fresh Registration	:
6. Whether the candidate is at present undergo	oing
ny other program of study in this University /	
n any other University leading to any degree or	-
ertificate or diploma?. If so, give details.	:
17. Whether candidate is sponsored by any Ag	gency?:
If so, Name and Address of the Sponsor.	•
18. A) For candidates proposing to do research	under
a recognized Internal Research Supervis	
(Working in the University Department	
Constituent Colleges / Centres / Approve	ed
Research Centre of Affiliated Colleges)	
i) Name and Designation of Supervisor	:
ii) Serving Institution of the Supervisor	:
(iii) Date of joining the Institution	:
(iv) Date of superannuation	:
v) Signature of the Supervisor (with office	e seal):
B) i) Name and Designation of Co-Supervisor	or :
(If applicable)	
ii) Serving Institution of the Co-Supervisor	or :
(iii) Date of joining the Institution	:
(iv) Date of superannuation	:
iv) Signature of the Co Supervisor (with a	office seal):

### (TO BE FILLED IN BY THE SUPERVISOR)

#### Ph.D., RESEARCH SCHOLARS OF THIS UNIVERSITY WORKING UNDER THE SUPERVISOR:

Sl. No.	Name of the Candidate	Full Time / Part Time	Regn. No. and Date of Registration
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total number Ph.D. scholars working under the Supervisor

Full – Time	Part - Time

Fee Particulars: DD for Rs.1000/- favouring "The Registrar, Alagappa University" payable at Karaikudi.

DD Number /Date :	DD	Number	/Date	:
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DD Amount : Rs.1000/-

Name of the Bank & Branch:

- 19. **Enclosures**: The following Certificates should be enclosed
- A) **Original Certificates** (Statement of Marks, Provisional Certificate and Degree certificate for P.G. and M.Phil., Service Certificate, No Objection Certificate from the present appointing authority)
- B) Attested copy of Community Certificate & Transfer Certificate, Passport (if Foreign candidate / NRI)
- C) Research Proposal approved by the Departmental Research Advisory Committee
- D) CD- Scanned copies of documents (pdf Research Proposal; Images Photo, Signature, All original certificates, Community Certificate & Transfer Certificate, Passport (if Foreign candidate / NRI) DRAC Recommendations, Entrance examination qualifying certificate / NET / SET, NOC, Service Certificate (for part-time candidates))

(Please enlist the Original Certificates enclosed)
(i)
(ii)
(iii)
(iv)
$(\mathbf{v})$
(vi)
(vii)
Declaration by the Candidate
I hereby declare that the information furnished above is true,
complete and correct to best of my knowledge and belief. I understand that in the event of
my information being found false or incorrect at any stage, my candidature shall be liable to
cancellation without notice in lieu thereof.
Place: Signature of the Candidate Date:
Declaration by the Research Supervisor  I hereby declare that I am guiding Ph.D. Candidates only from Alagappa University and not
from other Universities / Institutions. Also, this candidate is not immediate / close relative to me.

Signature of the Research Supervisor (with office seal)

Signature of the Principal / Head of the Institution forwarding the application with date where the Candidate is working (with office seal)

[For Part-time candidates only]

Signature of the Head of the Department where the candidate proposes to conduct research (with office seal)

Signature of the Principal /
Head of the Institution
where the candidate proposes to conduct research
(with office seal)