Application Form for Ph. D. Course

(Project Fellow)

*(Please type information; hand-written applications will not be considered)*

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| Personal Data |
| Name of the candidate (in block letters, as per Master’s Certificate) |  |
| Date of Birth (DD/MM/YYYY) |  | Affix your recent passport size colour photograph |
| Gender | Male Female |
| Phone  | Residential |  |
| Mobile |  |
| E-mail |  |
| Valid Photo ID number: (Aadhar Number) |  |
| Name of the Father |  |
| Name of the Mother |  |
| Religion |  | Caste: |  |
| Nationality |  | Blood Group: |  |
| Mother Tongue |  | State of Domicile |  |
| Marital Status |  |
| Spouse Name (If marital status is Married) |  |
| Spouse Phone: | Spouse Email: |
| Residential Address with pin code |  |
| Institutional Addresswith pin code |  |
| Address for Correspondence | Office Residence |

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| Academic Record (Bachelor’s degree onwards) |
| Examination Passed | Specialization | Institution | University | Year of Passing | % of Marks obtained |
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| National Level Entrance Examinations Qualifying for PhD |
| If Qualified, Name of the Entrance Examination: | Year of Passing: |
| *Attach the relevant document* |

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| Current employment Data |
| Date of joining to the project as project fellow: |
| Department:  |
| Institution:  |
| Title of the funded project: |
| Name of the PI and designation:  |
| Funding agency:  |
| I hereby declare that the information that I have furnished herein is true to the best of my knowledge. |
| Date: |
| Place:  **Signature of the Candidate** |

**Through,**

 **Head of the Department Head of the Institution**

(Name, Signature with Seal) (Name, Signature with Seal)

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| PASSPORT and VISA DETAILS(for foreign students only) |
| **PASSPORT DETAILS:** |
| Passport Number: |  |
| Issuing Authority: |  |
| Issue Place and Country: |  |
| Issue Date: |  |
| Expiry Date: |  |
| **VISA DETAILS:** |
| VISA Number: |  |
| Issuing Authority: |  |
| Issue Place and Country: |  |
| Issue Date: |  |
| Expiry Date: |  |

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| INSTRUCTIONS |
| **The PhD Admission Application duly filled must be submitted to the PhD Coordinator of the respective institution along with the following enclosures:**1. Attested copy of the Bachelor’s and Post Graduate degree certificate.
2. Attested copies of the mark’s cards of Bachelor’s and Post Graduate degree
3. Valid photo identity document (Aadhaar)
4. Affidavit and Newspaper notification details for change of name (if any)
5. Conduct/ Character certificate from the institution last studied
6. Copy of the Grant sanctioned letter
7. Appointment letter as project fellow
8. National Eligibility test results if any

*PhD coordinator will forward the hard copies of all the documents to:* **The Deputy Director** **Centre for Doctoral Studies, Directorate of Research** **Ground Floor, Advanced Research Centre** **Manipal Academy of Higher Education  Manipal-576104 |Karnataka |India Tel: +918202922017** **Email:** **cds.mahe@manipal.edu**Scanned copy of all the above-mentioned original documents must be emailed to CDS |
| FOR CDS OFFICE USE ONLY |
| Application number:  |
| **Documents Screened:**  | YES | NO | NA |
| Attested copy of the Bachelor’s and Post Graduate degree certificate.  |  |  |  |
| Attested copies of the mark’s cards of Bachelor’s and Post Graduate degree |  |  |  |
| Valid photo identity document (Aadhaar) |  |  |  |
| Affidavit and Newspaper notification details for change of name (if any) |  |  |  |
| Conduct/ Character certificate from the institution last studied |  |  |  |
| Copy of the Grant sanctioned letter |  |  |  |
| Appointment letter as project fellow |  |  |  |
| National Eligibility test results if any |  |  |  |

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| **VERIFICATION BY CDS FACULTY COORDINATOR** |
| Documents Verified  | Yes  | NO |
| Remarks: Date: Signature |