**Joining Report**

 **Integrated MD / MS-PhD**

 **Annexure 56**

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| **Candidate Details** |
| Name |  |
| Registration Number |  |
| Department / Institution |  |
| Date of Joining |  |
| Academic Year |  |
| Residential Address with Pin Code |  |
| Mobile Number |  |
| Email ID |  |

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| --- | --- | --- |
| **Guide Details**  |  | **Co-Guide Details (if any)**  |
| Name  |   |   |
| Designation  |   |   |
| Department  |   |   |
| Institution  |   |   |
| Mobile number  |   |   |
| Email ID  |   |   |

I am hereby joining MAHE PhD program under Integrated MD / MS-PhD category.

I confirm that I have read and understood the rules and regulations of the Ph.D. program of Manipal Academy of Higher Education (MAHE), Manipal. By signing this joining report, I agree to abide by all rules and regulations of MAHE PhD program.

**Candidate signature with date**

The eligibility documents submitted are verified in original at the joining institution and are found genuine

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**Institutional office, signature and seal**

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**Guide Signature with date Co-Guide (if any) Signature with date**

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**Name & Designation of the Head of the Department Signature of the Head of the Department with date & seal**

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**Name & Signature of the Head of the Institution with date & seal**

**Note:** Centre for Doctoral Studies (CDS), MAHE will issue Registration letter only on submission & verification of the below listed documents.

1. Joining report (Annexure 56)
2. Undertaking (Annexure 57)

*After verification, PhD coordinator to send hard copy of the above-mentioned documents to* *the CDS within 7 days of joining 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 id: cds.mahe@manipal.edu

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| **Verification by PhD Coordinator of institution** |
| **Documents Verified**  | YES | NO |
| Remarks if anyDate: PhD coordinator Signature and seal**Note:** Joining report should be sent to CDS |

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| **Verification by CDS Faculty Coordinator** |
| **Documents Verified**  | YES | NO |
| Remarks by CDS: **Approved to issue registration letter Yes No** Date:  Deputy Director/Faculty coordinator, CDS Signature and seal |