

Cost of Application :

Application No :



SATHYABAMA UNIVERSITY

(Established under section 3 of the UGC Act, 1956)

Accredited with B⁺⁺ Grade by NAAC

(A Christian Minority Institution)

**JEPPIAAR NAGAR, RAJIV GANDHI ROAD,
CHENNAI – 600 119.**



Ph.D. REGISTRATION FORM

Affix recent
colour passport
size photo
here

1. Name (in Block Letters) :

2. Sex : Male / Female

3. Address

a) Official (with Designation) : _____

b) Residential : _____

c) Contact Phone Number

i) Residence (with STD code) :

ii) Office (with STD code) :

iii) Mobile :

d) E. Mail Address :

e) Website Address, if any :

4. Date of Birth & Age :

5. Nationality :

6. Category : a. Full Time Please tick
 b. Part-Time (Internal)
 c. Part-Time (External)

7. Are you employed? : Yes / No

If Yes, specify the Name and Address of the Employer :

Salary received per month :

PROCESSING FEES DETAILS			
Amount	DD No.	DD Date	Bank Name

8. Academic Background (Start with the latest Degree Obtained) (Enclose copies of Degree/Diploma certificates duly attested)

Sl. No	Degree/ Diploma	Year of Passing	University/ Institution	Major Discipline	Percentage of marks and Class obtained	Full time (or) Part time (or) Distance education
1.						
2.						
3.						
4.						

9. Professional Experience (Start from the present employment)

Sl. No	Organization	Period		Designation	Total salary P/M	Nature of job
		From	To			
1.						
2.						
3.						
4.						

10. Awards/Medals/Prizes and Honours conferred(if any) :
11. Major Area of Ph.D Research :
12. Tentative Topic on which the research is proposed to be conducted (Attach one-page write up on this topic) :
13. Faculty & Department in which the candidate proposes to register (Refer regulations from website) :

Part-time Candidates (External) shall have a Supervisor recognized by Sathyabama University and in addition, shall have a Research Coordinator at the organization in which they are working(optional).

14. DECLARATION OF THE CANDIDATE

This is to certify that the particulars given above, are true, correct and complete to the best of my knowledge and belief.

Place:

Date:

Signature of the candidate

15. PART-TIME (External) REGISTRATION ONLY

CERTIFICATE FROM THE HEAD OF THE ORGANIZATION

i) The candidate will be permitted to be available at Sathyabama University for fulfilling the residential requirements, as per University Regulations.

ii) The required facilities at our organization will be provided to the candidate for doing research.

iii) The candidate will be permitted to be available at Sathyabama University, whenever required by the Supervisor to have discussions with him, to attend to the prescribed Course works, to conduct experiments and to participate in Seminars.

Name of the Research Coordinator (Optional) :

Designation :

Signature of the
Research Coordinator

Signature of the Head
of the Organization

Place :

Date :

Seal of the Organization :

16. CONSENT OF THE SUPERVISOR

(i) SUPERVISOR

a) Name (in Block Letters) :

b) Address for Communication

i) Official Address : _____

ii) Residential Address : _____

iii) Contact Phone Number

a) Residence (with STD code) :

b) Office (with STD code) :

c) Mobile :

iv) E. Mail Address :

v) Website Address, if any :

c) Whether the supervisor has been recognized by Sathyabama University to guide research scholars
If yes, University Reference No. :

d) No. of Ph.D Scholars Supervising

i) As a Supervisor in Sathyabama University :

e) Panel of Names suggested for the Doctoral Committee:

(At least six names, excluding Supervisor, Research Coordinator must be given by the Supervisor, out of six, three from academic institution and three from industry)

Sl. No	Name	Area of Research Interest	Designation	Official Address with Pin code	E. Mail & Mobile number
1					
2					
3					
4					
5					
6					

Note:

1. This list is to be provided only after getting the consent from the members mentioned above.
2. If Area of Research, Designation & Address are not provided, properly then University will fix the DC members.

CERTIFIED that the details furnished above have been verified and found to be correct and I am willing to supervise the candidate's research work.

Place :
Date :

Signature of Supervisor

ii. JOINT – SUPERVISOR (Optional)

- a) Name (in Block Letters) :
- b) No. of Ph. D Scholars Supervising
i) As a Supervisor in Sathyabama University :
ii) As a Joint-Supervisor in Sathyabama University :
- c) Whether the Joint-Supervisor has been recognized by the Sathyabama University to guide.
If Yes, University Reference No. :

CERTIFIED that I am willing to Supervise the candidate's research work.

Place :
Date :

Signature of Joint-Supervisor.

17. CONSENT OF THE HEAD OF THE DEPARTMENT AND THE DEAN (PG STUDIES & RESEARCH)

- a) Consent of the Head of the Department in which the candidate works : Yes / No
(For Part-Time (Internal) candidates only)

Place :
Date :

Signature :
Name :
Department :

- b) Consent of the Head of the Department where the candidate proposes to: Yes / No
register for work (For all candidates)

Place :
Date :

Signature :
Name :
Department :

- c) Approval of the Dean (PG & Research) : Yes / No

Place :
Date :

Signature :
Name :

18. RECOMMENDATIONS OF THE BOARD OF RESEARCH :

Admitted / Not Admitted for Provisional registration in the Ph.D Programme Full-Time / Part-Time (Internal) / Part-Time(External).

DEAN (PG STUDIES & RESEARCH)