

**Dayananda Sagar University**

**Main Campus:** **Devarakaggalahalli, Harohalli**

**Kanakapura Road, Ramanagara Dt.**

**Bengaluru – 562 112**

## City Campus: Kudlu Gate, Hosur Main Road, Bengaluru – 560 114 APPLICATION FOR PROVISIONAL REGISTRATION TO Ph.D PROGRAMME

#### I. Personal details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. Name: (in BLOCK letters) |  |  | | |  | |  | |  | | |  |  |  | | |  | | |  | |  | |  |  | |  |  | |  |  | | STAMP  SIZE PHOTO | | | |
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| 2. Date of Birth | D | | D | | | M | | M | | | Y | | Y | Y | | | | Y | | |  | | | | | | | | | | | | | | | |
| 3. Age |  | | |  | | |  | | | Years | | | |  | | | | | | | 4. Gender | | | | | | M | F | | T | |  | | | | |
| 5.a. Address *(Permanent)* | | | | | | | | | | | | | | 5.b. Address *(Correspondence)* | | | | | | | | | | | | | | | | | | | | | | |
| 6. Contact Number: Residence:  Contact Number: Office : | | | | | | | | | | | | | | Mobile Number:  Email ID: | | | | | | | | | | | | | | | | | | | | | | |
| 7. Marital Status | | | | | | | | | | | | | | Married / Un married | | | | | | | | | | | | | | | | | | | | | | |
| 6. Category:  (\*relevant certificate to be enclosed) | | | | | | | | | | | | | | SC\* | | | |  | | ST\* | | |  | OBC\*  Non-Creamy Layer | | | |  | \*Differently Abled | | | | |  | Others |  |
| 7. Nationality | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 8. Is the candidate a foreign national?  If so furnish details along with documents: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 9. Are you a teacher fellowship holder? If so  Provide details. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 10. Mode of Research (Please Tick any one whichever is applicable) | | | | | | | | | | | | | | | | | | * PART-TIME * FULL-TIME | | | | | | | | | | | | | | | | | | |
| **II. Academic Details** (Please enclose the self-attested copies of documents.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Programme** | | **Year of Passing** | | | | | | | **% / Grade secured** | | | | | | **Class** | | | | **Specialization** | | | | | | | **University** | | | | | | | **Regular/Private/ Distance/open module** | | | |
| Basic Degree (UG) | |  | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | |
| PG / Master’s Degree | |  | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | |
| M. Phil |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so,  mention title of M.Phil dissertation | |
| Any Other | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whether cleared NET examinations like GATE, GPAT, GRE, UGC-CSIR etc.? If so furnish details along with copy: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**III. Details of Research Supervisor(s)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Guide / Supervisor** | | | | **Details of Co-guide / Co-supervisor** | | | | |
| Name: Designation:  Date of superannuation; Ph.D. degree title: Address:  Telephone / Mobile Number: Email ID: | | | | Name: Designation:  Date of Superannuation: Ph.D. degree title Address:  Telephone / Mobile Number: Email ID: | | | | |
| **IV. Details of Department/College/School** | | | | | | | | |
| Name & Address: DSU Bangalore | | | | | | | | |
| **V. Tenure:**  Whether the research work proposed is on full time / part time basis | | | | | Part Time  (Internal) | Part Time  (External) | | Full Time |
|  |  | |  |
| **VI. Details of Research:** | | | | | | | | |
| Details of Broad area of Research/Subject intending to pursue  Research | | | | |  | | | |
| 1. Topic of Research / title of Research Proposed (Enclose copy of University notification) | | | | | (Broad area to be mentioned) | | | |
| 1. Is it inter-disciplinary in nature? 2. If so furnish details. If affirmative, the Supervisor shall be from DSU and only Co-Supervisor can be from outside. | | | | | Yes/No |  | | |
| **VII. Details of Experience of the applicant, if any:** Total number of years: | | | | | | | | |
| **Full Time** | **Organization** | **Designation** | **Duration** | | | | **No. of years** | |
| Teaching |  |  |  | | | |  | |
| Research |  |  |  | | | |  | |
| Professional |  |  |  | | | |  | |
| Industry |  |  |  | | | |  | |

|  |  |
| --- | --- |
| 1. **Details of employment of the applicant, if any:**    1. If employed in any organization, a no objection certificate from the present employer, to be furnished: |  |
| ii. If not employed at present, a declaration in the relevant format, to be furnished |  |

1. **Details of Fee remitted:**

|  |  |  |  |
| --- | --- | --- | --- |
| Demand Draft No: | Date | Amount | Issuing Bank and Branch |
|  |  |  |  |

Fee shall always be remitted to University, through an account Payee, Demand draft, purchased on any Nationalized Bank, favoring**, Dayananda Sagar University, Bengaluru,** and payable at Bengaluru.

## Declaration of the Applicant

* 1. I the undersigned, seeking Provisional Registration for Ph.D. programme, hereby

declare that, I am not employed in any of the Government/Semi-Government/Government undertaking/University/industry/corporate sector/Educational institutions. In case of my employment elsewhere. I will submit NO OBJECTION certificate, from my employer, within THREE MONTHS, from the date of employment.

(Signature of the candidate)

* 1. I shall submit the progress reports regularly as per the rules of the University.
  2. I shall pay the registration fee/term fee/fee for extended terms within the stipulated date.
  3. I also understand that, if I fail to submit the progress reports /payment of fees within the stipulated period my registration for Ph.D. Degree stands cancelled automatically.
  4. I shall seek extension of terms wherever needed before the expiry of the prescribed period. I understand that post facto extension of terms may not be granted except in special circumstances such as accidents and hospitalization (unforeseen reasons). In such cases also, intimation shall have to be given, within one month after accident/hospitalization.
  5. I shall abide by all the relevant prevailing rules and regulations stipulated, by the University Grants Commission as contained in Regulations,2016, notice dtd.25.7.2016 and Dayananda Sagar University, pertaining to the Doctoral Degree programme of the University.
  6. I Certify and declare that my Proposed research Topic is a fresh Proposal/new concept.

(Signature of the candidate)

### Name of Supervisor at DSU :

### Department/College : School :

***Undertaking from the Supervisor/Guide***

I, ……………………………………………… is a permanent faculty /employee working as in

the Department of ………………………………………. in the organisation and

is aged less than 62 years as on the date of admission notification, hereby certify that the candidate Mr./Mrs……………………………….…………..…….registering for Ph.D degree under DSU is not my son/daughter/immediate blood relative and the total number of candidates registered under me in DSU and other Universities for both Ph.D. taken together excluding presently applied candidates is (in Words)… The information provided above is true to the best of my knowledge.

**Date:**

**Place:**

**Signature :**

1. **Details of the *Co-Supervisor/ Co-Guide (If applicable)***

Name: Affiliation: Designation: **Academic Qualification:**

Date of Birth: Department: Area of Research:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Programme** | **Degree obtained** | **University** | **Regular/Distance** | **Specialization** | **%Marks/Grades obtained with Class** | **Year of passing** |
| UG |  |  |  |  |  |  |
| PG |  |  |  |  |  |  |
| Ph.D. |  |  |  |  |  |  |
| Others, if any |  |  |  |  |  |  |

#### No. of Publications in the preceding 5 years:

*Research papers*: 1. National Journal *communicated:* 1. National Journal

2. International Journal 2. International Journal

1.

*Conference: Technical Reports: Book: Patents: Awards:*

#### No. of students supervising at present:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name of the Candidate/s** | **University** | **Category** | **Year of registration** | **Specify whether acting as Supervisor or Co Supervisor** | **Area of Specialization** | **Whether Final Thesis Submitted (Y/N)** |
| 1 |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |
| **Total** | |  | | | | | |

***Undertaking from the Co-Supervisor/ Co-Guide***

I, ……………………………………………… is a permanent faculty /employee working as in the?

Department of ………………………………………. in the organization and is aged

less than 62 years as on the date of admission notification, hereby certify that the candidate Mr./Mrs……………………………….…………..…….registering for Ph. D degree under DSU is not my son/daughter/immediate blood relative and the total number of candidates registered under me in DSU and other Universities for Ph.D. excluding presently applied candidates is (in Words) The information provided above is true to the best of my knowledge.

**Date: Signature:**

**(Signature of Dean)**

# Certificates / Undertakings

**Undertaking by Supervisor / Co-Supervisor \*(in case Co-Supervisor is opted)**

**Signature of the *Supervisor***

**Signature of Co-*Supervisor***

I / We have no objection in guiding the said candidate in the proposed area of research at the designated Research

Centre. If for any reason, myself /candidate change the Research Centre, I /we will inform the same to the University without fail.

# No Objection Certificate from the Organization where the candidate is working

This is to certify that the Organization has no objection in recommending the candidature of our employee…………………………………………for carrying out research for his/her Ph. D at Dayananda Sagar University on part time / full time basis.

The information provided by the candidate is found correct as per our records.

**Signature of the Authorized Signatory**

**Employment Certificate of the Co-Supervisor (in case Co-Supervisor is opted)**

This is to certify that Dr…………………………………………………………… presently working in the capacity of…………………………………………in the Department of……………………………... is **a full-time employee** of our Organization, since………………………….

**Signature of the Authorized Signatory**

# Certificate by the Co-Guide/ Co- Supervisor

* I am willing to work as the co-guide for Sri/Smt. for his/her Ph. D programme at DSU.
* I hereby certify that the research topic is a new concept and its contents are not published anywhere, so far.
* I undertake to verify the contents of the THESIS, for any copied content or plagiarized content or one misrepresented academically, and ensure that the thesis will be free from these aspects.

**Name: (Signature of the Co-Supervisor/Guide)**

**Certificate by the Guide/ Supervisor**

* I am recognized guide for Ph. D programme in the field of as per Dayananda Sagar University’s communication No. dated . I undertake the responsibility of guiding Smt/Sri. for the Ph. D programme in the proposed field of research. I find that the research topic proposed by the above candidate is a new concept and its contents are not published anywhere, in any thesis, book, or journal.
* I undertake to verify the contents of the THESIS, for any copied content or plagiarized content or one misrepresented academically, and ensure that the thesis will be free from these aspects.
* The candidate Mr/Mrs registering for Ph. D programme, is neither my son/ daughter nor immediate blood relative also.

Certified that the above particulars and also details furnished by the candidate and by myself are correct and true.

Place:

Date: (**Signature of Supervisor/Guide with Seal)**

Forwarded the application along with necessary documents to the Chairman/Principal/Dean, Department/College/School of --------------- in Dayananda Sagar University, Bengaluru for the further needful.

**(Signature of Supervisor/ Guide with Seal)**

**Forwarded to the Chairperson, Doctoral Committee:**

1. Information/ Data furnished by the candidate, guide/ supervisor and co-guide/ co- supervisor, are verified and found correct.
2. Since the candidate has successfully completed the entrance test/ counselling session or he/she is exempted, his/ her application with the proposed research outline, is forwarded to Chairman, for consideration and recommendations.

**Date: (Dean, School of )**