



VINAYAKA MISSION'S RESEARCH FOUNDATION, SALEM

(Deemed to be University Declared Under Section 3 of the UGC Act, 1956)

APPLICATION FOR Ph.D(FT/PT) ADMISSION – APRIL – 2020

Read the Regulations Governing Doctoral Degree (Ph.D) Program before filling. Wherever a box is provided, place a tick mark (√) inside to indicate “yes”. Strike out whichever is not applicable.

Affix a recent
passport size
photograph

1. Name (in BLOCK letters) :
(As in PG degree Certificate)
2. Faculty of your PG Degree qualification :
3. Discipline of your PG Degree qualification:
4. Name of the University from where PG degree awarded_____
5. Programme for which applying (Discipline) :_____
6. Date of Birth: _____ Age : _____ Blood Group:
7. Gender : Male Female
8. Nationality _____ :
9. Social Status OC/BC/OBC/OBC (NCL)/SC/ST/PWD : _____ Caste:
10. Address for communication

Office (If employed)	Address for communication
Designation: _____	-----
Department _____	-----
Organization _____	-----
Place _____	Place: -----
Dist & State _____	Dist & State: -----
Pincode: _____	Pincode: -----
Phone : (with STD Code): -----	Phone : (with STD Code) -----
Mobile: -----	Mobile: -----
E-Mail Id :	E-Mail Id:

11. Mode : Full Time Part Time

If 'Part-Time'

a) Designation and office of work:

12. Details of current employment (if applicable)

(a) Name & Address of employer :

(b) Nature of employment : Regular / Approved Probationer / On Consolidated pay / On Contract / Visiting Faculty / Temporary / Teaching – Research Assistant

(c) Scale of pay:

(d) Date from which employed in the present post :

(Attach Certificate from the employer)

13. Academic Credits

(Enclose copies of Degree certificates and Mark Sheets duly attested. Start with the latest degree obtained).

S. No	Degree	Year of Passing	College	University	Major Discipline/ Specialization	Duration of the programme	Class Obtained	% of Marks/ Obtained CGPA	Full Time/ Part Time/ Distance

14. Are you M.Phil Degree holder : Yes / No
evidence)

(If yes, details with

If yes M.Phil Degree in _____

15. Are you qualified in UGC – NET/CSIR/SLET/

GATE/ teacher fellowship holder or equivalent/ : Yes / No
evidence)

(If yes, details with

NET conducted by AYUSH

16. Area of Research (Tentative) :

17. Department and college for Research :

18. Particulars of payment of Application Fee:

Name of the Bank & Branch	Demand Draft No	Date	Amount

Note: Application fee of Rs. 1000/- need to be drawn in favour of “**VMRF(DU) PHD**”, payable at Salem.

19. Declaration by the candidate

This is to certify that the particulars given above are correct and complete to the best of my knowledge and belief. I am aware that any wrong information or suppression of facts may result in punitive action in addition to cancellation of my candidature for admission to the programme irrespective of the status of my research work.

Place :

Date :

Signature of the Candidate

20. Willingness of Supervisor if any :

I am willing to supervise the Ph.D. work of the candidate

Name in CAPITALS :

Mobile No:

Designation and Department :

email id :

College of VMRF where the Supervisor is working:

Signature of Supervisor :

FOR BOTH FULL-TIME and PART-TIME PROGRAMME

The candidate, if selected, will be relieved / permitted to undergo Full-time / Part-time research programme in the College of Vinayaka Mission's Research Foundation. During this period, the candidate will be permitted to be present for discussions with the Supervisor, attending course work, carrying out experimental studies, participating in Seminars/meetings and taking examinations related to the programme.

Place :

Date :

Signature of Head of the Institution
where the candidate intends doing research

Name and Designation:

Seal

FOR PART-TIME PROGRAMME

CERTIFICATE FROM THE ORGANIZATION WHERE THE CANDIDATE IS EMPLOYED

Certified that Mr./Mrs. _____ is employed as
(Designation) _____ in the (Department /Division)

of Institution's Name & Address) _____

The Organization has no objection in forwarding his/her application and in pursuing Ph.D Programme at Vinayaka Mission's Research Foundation.

Place :

Date :

Signature of Head of the Institution

Name and Designation:

Seal