



**APPLICATION FORM FOR REGISTRATION**

**Ph.D. Full Time / Part Time (External / Internal)**  
(1st session from July / 2nd session from January)

**ACADEMIC YEAR : 20 - 20**

Affix Recent  
Passport Size  
Colour  
Photograph

- \* Choice of Programme (Tick ✓ in the appropriate box)
- \* 10+2+3/4/+2 Scheme in the concerned discipline under full time studies

01	Mathematics		08	Civil Engg.	
02	Physics		09	Mechanical Engg.	
03	Chemistry		10	Computer Science & Engg.	
04	English		11	Electronics & Communication Engg.	
05	Computer Science		12	Electrical & Electronics Engineering	
06	Computer Applications		13	Information Technology	
07	Bio Medical Engg.		14	Management Studies	

01(A) Name of the Applicant

(In BLOCK LETTERS with Initial at the end) as in the qualifying certificate)

02(A) Date of Birth (in Christian era)

D	D	M	M	Y	Y	Y	Y
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(Enclose attested copy of the school leaving certificate as proof)

02(B) Age as on (01-07-2017)

D	D	M	M	Y	Y	Y	Y
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03(A) Gender

Male

Female

TG (If TG, enclose medical certificate)

03(B) Are you a single girl child ?

Yes

No.

04(A) Nationality

04(B) AADHAAR No.

04(C) Religion

04(D) Community

04(E) Social Status (As per State/Central list)

04(F) Mother Tongue

OBC

MBC

SC

ST

OTHERS

04(G) Blood Group

05(A) Communication Address

S/o, D/o

05(B) Permanent Address

S/o, D/o

Pin Code

Pin Code

Phone No.  
(With Code)

Phone No.  
(With Code)

Mob No.

Mob No.

06 (A) Name of Father/Guardian	
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06 (B) Name of Mother	
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07 Occupation of Father/Mother/Guardian	
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08 (A) Place of Birth (Village/Town/City)	
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08 (B) District		08 (C) State	
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09 (A) Are you Physically Handicapped? (If yes, enclose Medical Certificate & Government Certificate)	Yes		No.	
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10 E-Mail ID		11 Mobile No.	
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12 Academic Qualification

Degree / Diploma	Name of the School / College	Board / University	Major Subjects / Discipline	Percentage of marks / CGPA & class obtained
SSLC				
HSC				
UG Degree				
PG Degree				
M.Phil / Others				

13 Professional / Teaching Experience (till the present employment)

Organisation	Period		Designation	Nature of job
	From	To		

14 Awards/ Medals / Prizes and Honours conferred (if any)	
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15 Major area of research proposed	
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16 Tentative topic of research	
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(Attach one page write up)

17 Declaration by the Candidate

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief. I have read the Regulations for the M.Phil. Programme of the institution

Place	
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Date	D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Signature of the HoD (with Seal)

18 Part Time (External) Candidates

NO OBJECTION CERTIFICATE FROM THE HEAD OF THE ORGANIZATION

- (a) The candidate will be permitted to be available at St. Peter's Institute of Higher Education and Research for fulfilling the requirements as per institution Regulations.
- (b) The available facilities at our organization will be provided to the candidate for doing research.
- (c) There is no objection for the candidate to do research for Ph.D. in St. Peter's Institute of Higher Education and Research

Place	
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Date	D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Head of the Organization

\_\_\_\_\_  
Seal of the Organization

19 CONSENT OF THE SUPERVISOR :

(a) Name (in BLOCK LETTERS)	
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(b) University Reference No.	
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(c) Designation, Department and Institution	
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(d) No. of Ph.D. Scholars supervising in St. Peter's Institute of Higher Education and Research	
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As a Supervisor		As a Joint Supervisor	
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(e) Panel of Names suggested for the Doctoral Committee in the discipline(Give six Names, Excluding Supervisor and Joint Supervisor)	
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(i) Name Designation and full address of Organisation	(ii) Qualification total Research Experience with field of Specialization	(iii) Phone / e-Mail ID
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SEPARATE SHEET MAY BE ENCLOSED

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	
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Date	D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Signature of Supervisor with seal

## CONSENT OF THE HEAD OF THE DEPARTMENT IN THE INSTITUTION

a) Consent of the Head of the Department where the candidate is working (For Part Time (Internal) candidates only)

Yes		No	
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Signature

Place									Name								
Date	D	D	M	M	Y	Y	Y	Y	Department								

b) Consent of the Head of the Department where the candidate proposes to register for research work (For Part time (External) candidates)

Yes		No	
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Signature

Place									Name								
Date	D	D	M	M	Y	Y	Y	Y	Department								

c) Approval of the Dean (R&D)

Yes		No	
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Signature

Place									Name								
Date	D	D	M	M	Y	Y	Y	Y	Department								

## FOR OFFICE USE ONLY

1. Whether certificates verified :
2. Whether eligible for admission :
3. Marks obtained in entrance test :
3. Accepted / Rejected

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Signature of Dean (R&D)

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Registrar