

#### VINAYAKA MISSION'S RESEARCH FOUNDATION, SALEM

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

### <u>APPLICATION FOR Ph.D(FT/PT) ADMISSION – October – 2022</u>

(Incomplete application will not considered)

Read the Regulations Governing Doctoral Degree (Ph.D) Program before filling. Wherever a box is provided, place a tick mark ( $\sqrt{}$ ) inside to indicate "yes". Strike out whichever is not applicable.

				Affix a recent		
1.	Name (in BLOCK letters):			passport size		
	(As in PG degree Certificate)			photograph		
2.	Faculty of your PG Degree qualification					
3.	Discipline of your PG Degree qualifica					
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:					
8.	8. Nationality ( copy of Aadhaar to be enclosed) :					
9.	Social Status OC/BC/OBC/OBC (NCL	PWD:	Caste:			
10	10. Blood Group :					
11	. Address for communication					
(	Office ( If employed )		Address for communication			
Ι	Designation:					
I	Department					
Organization						
F	Place	Place:				
I	Dist & State	Dist & State:				
F	Pincode:	Pincode:				
F	Phone: (with STD Code):	Phone: (with STD Code)				
N	Mobile:		Mobile:			
E	E-Mail Id :		E-Mail Id:			

	If 'Part-								
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13	(a) No (b) No / V (c) So (d) Do	ame & A ature of e Visiting F cale of pa ate from (Attach	ddress of mployme faculty / T y: which em Certifica	Temporary / uployed in the	licable)  r / Approved Proceed Teaching – Received present post employer)* (more for to be enclosed)	search Assis : andatory)		idated pay	/ On Contra
	. Academ (Enclose obtained)	copies of		certificates	and Mark Sho	eets duly att	ested. Star	t with the	latest degr
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
15	. Are you evidence		Degree ho	older: Yes	s / No		( If yo	es, details	with
	If yes M	I.Phil De	gree in _						
16	-	-		– NET/CSI holder or e	R/SLET/ equivalent/ : Y	es / No	(If y	yes, details	with
ev	NET co	nducted l	by AYUS	SH					
ev									

## 19. 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.

# 20. 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.

punitive action in addition to cancellation irrespective of the status of my research work.	of my candidature for admission to the				
Place :					
Date :					
	Signature of the Candidate				
21. Willingness of Supervisor if any :					
I am willing to supe	ervise the Ph.D. work of the candidate				
Name in CAPITALS :	Mobile No:				
Designation and Department :	email id :				
College of VMRF where the Supervisor is wor	king:				
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.
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Date:	Signature of Head of the Institution where the candidate intends doing research		
	Name and Designation: Seal		
FOR PART-TIME PROGRAMME CERTIFICATE FROM THE ORGAN	IZATION WHERE THE CANDIDATE IS EMPLOYED		
Certified that Mr./Mrs	is employed as		
(Designation)	in the (Department /Division)		
of Institution's Name & Address)			
	2 & D facilities and adequate learning resources for conducting rding his/her application and in pursuing Ph.D Programme at at.		
Place:			
Date:	Signature of Head of the Institution		
	Name and Designation: Seal		