

# UTKAL UNIVERSITY VANI VIHAR, BHUBANESWAR-751004 APPLICATION FOR ADMISSION INTO

Ph.D. PROGRAMME, 20 (To be filled in by the Applicant)

Registration No:			Paste passport siz		
Name of the Ap	-	:			
(In Block Letter	,				
Name of the Mo Permanent Add	other/Father/Guard				
Present Address	s	:			
Including E ma	il ID				
Mobile No.					
Aadhar Card (C	Copy)				
Date of Birth	:				
Caste	Sex	<u> </u>	Nationali	ty	
(original and co	opy of the caste cer	rtificate to be a	ttached in cas	e of ST/SC/0	OBC)
Educational Qu	alifications:				
Name of the	Board/	Year of	Class /	% of	Optional
Exam.	University	Passing	Division	Marks	Spl. Pape

(copies of all certificates and mark-sheets are to be attached)

8.	Whether employed (Ye	es/No) :		
	(If employed experience stationary has to be end		o Objection co	ertificate from employer in official
9.	Area of Research (Sub	ject/Discipline)	:	
10.	Topic of Proposed Res	earch	:	
11.	Copies of Research Pro	oposal/Synopsis:		
12.	Name and Address of	Supervisor/Co-sup	ervisor:	
	Name and Address of (Proposed)	Supervisor	Name a (Propos	nd Address of Co-Supervisor ed)
13.	Research Experience/F the Supervisor/Co-supe (Please mentioned onl Attached additional sho	ervisor :- y the name(s) of so		and Ph.D. students already supervised by sing research).
Date:_				Signature of the Applicant
Resea	rch Supervisor	Head of the Chairperso		Coordinator of Nodal Institute

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# $\underline{\textbf{SCHEDULE-I}}$

Certified that the undersigned has no objection	on to allow
Sri/Smt	who has
Years experience as a	to register his/her name for the Ph.D./D.
Litt./D.Sc./LLD. examination under Utkal Ur	niversity.
Signature of the Applicant Date	Signature of the Employer Seal with Date
	SCHEDULE-II on if Sri/Smt
is allowed for his /her Ph.D./D.Litt./D.Sc./LLD. Examin	to take the help of this Department/ Institutions as place of research nation.
	Signature of the Head of the Department/ Institutions  Date:
	3 SCHEDULE-III
I certify that the candidate Sri/Smtrelative as prescribed for examination purpos	e is not a near
Signature of the Applicant	Signature of the Supervisor
Contified that Sui/Sunt	SCHEDULE-IV
	and be fitting candidate for Ph.D./D.Litt./D.Sc./LLD. Examination
as per Regulation.	and be fitting candidate for Th.D./D.Eitt./D.Sc./LLD. Examination
Signature of the Co-Supervisor Date	Signature of the Supervisor Date

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	SCHEDULE-V
I Sri/Smt	certify that I have not been
registered earlier under Utkal University or an	y other University for Ph.D./D.Litt./ D.Sc./LLD. Examination.
Signature of the Supervisor	Signature of the Applicant
Signature of the Supervisor	bigilature of the Applicant
V 0.1/0	SCHEDULE-VI
I Sri/Smt	do hereby
declare that the particulars given by me in this	application is true to the best of my knowledge. The selection is to
Ph.D./ D.Litt./D.Sc./LLD. Registration is not a	a matter of right and will not be claimed by me if not selected.
Date:	Signature of the Applicant

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## UTKAL UNIVERSITY VANIVIHAR, BHUBANESWAR-751004

## PARTICULARS OF RESEARCH SUPERVISOR

1.	Name and Designation :	
2.	Address :	
3.	Whether a Ph.D. Degree holder (Yes/No)  (Xerox copy of the certificate should be attached)	
4.	No. of years having  a) Teaching Experience (PG & UG):  b) Post Doctoral Research Experience:	
5.	(If any) Particulars about Research Publications in referred/reputed journals:  i)  ii)  iii)  iii)  iv)  v)	
6.	Name of the Research Scholars registered under Universities including Utkal University presently working under him for their Ph.D. Degree.	y

Sl. No.	Name	Year of Registration	Topic	Status of Research
No.		Registration		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				