



UNIVERSITY OF KASHMIR, SRINAGAR

Application form for grant of registration of candidates for pursuit of research leading to the award of the Ph. D Degree.

No...203982.....

Before filling up the form, candidate should consult the Head of the Post-graduate Deptt. and the supervisor concerned for working out a programme for the Ph. D studies. One (1) copy of the Ph. D synopsis (along-with soft copy CD format) should be attached with the form duly signed by the Supervisor/s and HOD/Director concerned.



- 01. Name in full (Capital Letters) _____
- 02. Father's name _____
- 03. Registration number _____
- 04. Faculty _____
- 05. Occupation _____
- 06. Present address for correspondence _____
- 07. Permanent address _____
- 08. Contact No. _____
- 09. Academic record _____

| S. No. | Exam | Year of passing | Exam Roll No | Marks obtained out of | %age of marks |
|--------|------|-----------------|--------------|-----------------------|---------------|
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- 10 Programme/course offered _____
- 11. Name of the Deptt./Institution/Research Centre where the candidate proposes to work _____
- 12. Topic of research for Ph. D programme _____

13. Details of M.Phil /Ph. D Entrance Test passed:

(a) Candidates with M.Phil degree

| Subject | Year of passing | Grade in theory papers, dissertation and viva | Title of dissertation. |
|---------|-----------------|---|------------------------|
| | | | |

(b) 3-year integrated Ph. D programme (Entrance details).

| Subject | Year of qualifying | Marks obtained |
|---------|--------------------|----------------|
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14. Candidates, if employed should furnish the following information also and route the application form through his/her concerned supervisor, DRC and Head of the Institution:

01. Name of the Institution/Organization/Centres/ Department _____
02. Whether deputed under the Faculty Improvement Programme, if so indicate the order No. _____ dated _____
03. Whether leave sanctioned for joining the Ph. D/3-year integrated Ph. D programme, if so indicate the Order No. _____ dated _____
(attach copy of Govt. order)

15. Documentation Charges of `500/- paid (to be credited to A/C No. **(0007040500000333)** vide bank receipt of No. _____ dated _____
(original fee receipt of Bank to be attached)

16. Candidate having passed his/her Master's degree examination from any other recognized University is required to apply on the prescribed form (available separately) and deposit the fee for issuance of eligibility certificate in his/her favour.

Receipt No. _____ date _____ for ` _____

(For the purpose has been paid. (if eligibility certificate issued copy to be attached)

17. I hereby declare that the above particulars are correct to the best of my knowledge and that I hereby declare that I will pursue whole-time/part-time research for a period of one/two/three years as required under the statutes and I will not join any appointment/or hold any position during the period of my registration. I read carefully all the statutes and regulations governing the registration and award of Ph. D programme of the University and all the relevant papers are attached with the form.

Signature of the candidate

18. Recommendation of the employer in the case of in-service employee:

Signature of the candidate

19. **Recommendation of the Supervisor/Co-supervisor**

I certify that the subject of the proposed research work of the applicant is worth for Ph. D programme and the application has been made with my full approval.

This is also certified that the topic proposed has not been researched upon so far.

Co-supervisor

Signature _____

Name _____

Designation _____

Department _____

Supervisor

Signature _____

Name _____

Designation _____

Department _____

Recommendations of the Head of the Post-Graduate Department

Either of the following be certified, depending on applicability.

1. It is certified that the candidate has passed the Entrance Test prescribed for admission to Ph. D programme in the year _____ Under Roll No. _____ conducted in _____ (month) and secured _____ % of marks.
2. It is certified that the candidate has passed the M.Phil programme in the year _____ vide Notification No. _____ dated _____ and secured _____ grade in the aggregate of the programme.

I recommend that the candidate may be registered and allowed to pursue research leading to the award of Ph. D programme on the proposed problem under Prof./Dr. _____ as Supervisor and Prof./Dr. _____ as Co-supervisor and who is/are approved Supervisor/s for the purpose.

The number of scholars registered for Ph. D programme under the supervision of the said Supervisor/s including the present scholar is _____

Name: Prof./Dr. _____

Signature of the Head of the Post-graduate

Department with Designation Stamp

**CONSENT OF THE HEAD OF THE INSTITUTION IN CASE OF IN-SERVICE CANDIDATE
(TO BE ATTACHED WITH THE APPLICATION)**

I have no objection to the candidate's pursuing studies in the University of Kashmir, Srinagar on whole-time/part-time basis for Ph. D programme at _____
_____ Centre after necessary registration is granted
in his/her favour.

Name:
Prof./Dr. _____
Signature & Seal of the
Head of the Institution

IN CASE OF OTHER THAN (IN-SERVICE) CANDIDATE)

I _____ S/o, D/o _____
R/o _____ presently seeking registration for Ph. D/ 3-year integrated
Ph. D programme in the Deptt. of _____, University of Kashmir, do hereby
solemnly affirm and declare on oath as under:

01. That the deponent will remain as a whole-time scholar in the Department of _____
_____, University of Kashmir for the statutory period of one/two/three years for
pursuit of course leading to the award of Ph. D degree.
02. That the deponent is neither serving anywhere in the Government/Semi-Government/Public Enterprise
Private Agency, nor is on the rolls of any other Institution/Department in and outside the Valley/State.
03. That the deponent will inform Dean Research, University of Kashmir, Srinagar immediately if he/she gets
any offer for appointment during the period of his/her Ph. D/3-year integrated Ph. D programme.

That the affirmation made above are true to the best of my knowledge and belief in case any of the above
affirmation proves false by later investigations, the deponent will have no claim on the continuation of research
and the University will be at liberty to cancel it without any notice to the deponent.

FOR USE IN THE REGISTRY

Mr/Ms _____ has been granted registration for _____ programme
with effect from _____ Under the supervision/co-supervision of (1) Prof./Dr. _____
Designation _____ Department _____
(Supervisor) and (2) Prof./Dr. _____
Designation _____ Department _____
(Co-Supervisor) by the Board of Research Studies (BORS) at its meeting held on _____
On the topic _____
In the Deptt. of _____, University of Kashmir, Srinagar, Srinagar. The
scholar has deposited the prescribed fee of ' _____ vide Bank receipt No. _____
dated _____.

Dealing Asstt.

Head Assistant

Section Officer



The Jammu and Kashmir Bank Limited
Student's Copy



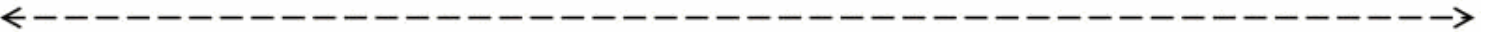
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|----------------------------|------------------|-----------------------|--|
| Dated: | | No: 18-203982 | |
| Name : | | Parentage: | |
| Address: | | Mobile: | |
| Purpose: | Account No: | Amount (Rs) | |
| Part A | 0007040500001003 | 8,450 | |
| Part B i) Registration Fee | 0007040500001005 | 500 | |
| ii) Library Fee | 0007010100000268 | 750 | |
| iii) DSW Fee | 0007040100013798 | 100 | |
| Sign. of Depositor | | Bank Seal & Signature | |



The Jammu and Kashmir Bank Limited
University Copy





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The Jammu and Kashmir Bank Limited
Bank Copy





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| Sign. of Depositor | | Bank Seal & Signature | |

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|  | | The Jammu and Kashmir Bank Limited | |  | |
| | | <u>DSW Copy</u> | | | |
| Dated: | | No: 18-203982 | | | |
| Name : | | Parentage: | | | |
| Address: | | | Mobile: | | |
| Purpose: | | Account No: | | Amount (Rs) | |
| Part A | | 0007040500001003 | | 8,450 | |
| Part B i) Registration Fee | | 0007040500001005 | | 500 | |
| ii) Library Fee | | 0007010100000268 | | 750 | |
| iii) DSW Fee | | 0007040100013798 | | 100 | |
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|  | | The Jammu and Kashmir Bank Limited | |  | |
| | | <u>Library Copy</u> | | | |
| Dated: | | No: 18-203982 | | | |
| Name : | | Parentage: | | | |
| Address: | | | Mobile: | | |
| Purpose: | | Account No: | | Amount (Rs) | |
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