

SRM UNIVERSITY

(Under Section 3 of UGC Act 1956)

Directorate of Research & Virtual Education, SRM Nagar, Kattankulathur, Kanchipuram District - 603 203. Ph. 044 - 27417141, 27455698, 27417142 Fax: 27456702

APPLICATION FORM - Ph. D

for Rs. 750/- Name of the Bank:	ur of Sent to	
1. Name	:	
2. Sex	:	Male Female
3. Address a) Official (with Designation)	:	
5 1		
Phone b) Residential	:	
,		
Phone		
4. Email Id	:	
5. Date of Birth	:	D D M M Y Y Y Y
Age completed	:	Years

6. Nationality	:								
7. Social Status	:	OC	OBC	ВС	M	ИВС	SC	ST	
8. Ph.D Programme Selected	:		Regular			MS Linl	ked		
9. Category	:		Full Time	e		Part Tin	ne (Interna	ıl)	
		Part Tin	ne (Externa	al) :		Colleg	е		
						Indust	rial/ Resea	rch Organi	zation
10. Whether Employed	:	Yes	No	(If Yes, spec	ify the	e followin	g)		
Name and Address of the Employee	:								
Salary received / Month	:								
11. Academic Background (Start with latest Degree Obtained)									

SI.I	No Degree / Di	ploma Year of Passing	University	Major Discipline	Percentage

Note: Enclose Copies of Degree / Diploma Certificates.

12. Professional Experience (Start from the present employer)

Organization	Period		Designation	Total Salary /	Nature of Job
	From	То	Designation	Month	Nature of Job

13. Publications, if any (Books / Research Papers):

SI.No.	Title	Name of the Journal / Conference / Published in the case books	Year

14. Major Area of Ph.D. Research

 Tentative topic, if identified for research (Attach one-page write up on the topic identified)

16. Department in which the candidate proposes to register

17. Name, Designation and address of the Research Coordinator(Outside the University)

(For part-time (External) candidates only

Note: Part-time (External) candidates shall have a Supervisor at SRM University and in addition, shall have a Research Coordinator at the Organization in which they are working.

18. If the resources persons, available at the concerned department in SRM University are known, the choice of preference of the Supervisor* (tentative) shall be indicated (*Supervisor will be fixed by the Research Coordinating Committee)

19. **DECLARATION OF THE CANDIDATE**:

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief.

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Date : Signature of the Candidate

Note: The completed Application form should be submitted to The Director (Research), SRM Nagar, Kattankulathur Campus, Potheri, Kanchipuram District, Pin – 603 203. on or before 30th May / 30th November.