



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

'Accredited 'A' Grade by NAAC

Annexure-IV

Application No. KLEU/Ph.D/_____

Right of Admission/Registration Reserved

**APPLICATION FOR ENTRANCE TEST FOR REGISTRATION
AS RESEARCH SCHOLAR FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.) PROGRAM
IN THE FACULTIES OF HEALTH SCIENCES / INTER DISCIPLINARY RESEARCH**

1. Name of the candidate	
2. Qualification	
3. Date of Birth	
4. Gender	
5. Marital status	
6. Department / Institution in which presently working	_____ _____
7. Religion & Caste	a) Religion : _____ b) Caste : _____ c) Category : _____ (SC/ (ST/OBC/Minority/General)
8. Address for correspondence	_____ _____ _____ _____ PIN _____
Contact details: Office : _____ STD _____ Mobile No. : _____ Residence : _____ STD _____ E-mail : _____	

9. Academic records:

	Degree	College	University	Year of passing	% of marks (final)	Class / Distinction	Rank / Medals
UG							
PG (with Subject)							
Others							

10. Teaching / Research & Professional Experience, if any (chronological order):

Sl. No.	Name of the Institution/University	Post held		Teaching Experience	
				From	To

11. Papers Published / Presented, if any :

Please enclose separately as Annexure.

12. Registration applied for:

- i) Faculty – : _____
(Medicine / Dentistry / Pharmacy / Ayurveda / Other Discipline / Inter-disciplinary)
- ii) Full time / Part time : _____

13. Particulars of the Research Proposal :

- a) Areas of Research :
- b) Broad area of the proposed Ph.D. research work:
- c) Place / Institute where proposed :
research work will be carried out
- d) Summary of the proposed research work (not more than 750 words)

Note: Give Summary as Annexure in typed form duly signed both by the candidate and the Research Supervisor.

14. Recommendation of the Forwarding Authority:

The application of Prof. / Dr. / Shri / Ms. _____
working as _____ in this College / Institution for registration as
Research Scholar for the Doctor of Philosophy (Ph.D.) Program has been forwarded to the
University for further consideration. The above information submitted by the candidate has
been found to be correct. The application has been scrutinized and found to be in order and
permitted to appear for the Entrance Examination.

Date: _____

Seal

Signature of the
Head of the College/Instn.

DECLARATION OF THE CANDIDATE

I hereby declare that the information furnished by me as stated above is correct and I
shall abide by all the Rules and Regulations of the Ph.D. Program of the KLE University. In case
of my selection for the Ph.D. Program, I agree to pay the fees prescribed by the University
every year within the stipulated time until the completion of my course.

Date: _____

Signature

15. Enclosures:

- Recent Photographs (3.5cmx4.5cm) (four).
- Copies of Under-Graduate & Post-Graduate Degree Certificates.
- Certificate / Proof of Date of Birth.
- Marks lists of Under-Graduate & Post-Graduate Examinations (all years).
- Attempt Certificate.
- Certification by the Principal, if the applicant is the permanent employee of this College.
- List of Publications / Presentations.
- Demand Draft bearing No. _____ dated _____ for Rs.500/-
drawn on (Name of the Bank) _____

FOR OFFICIAL USE ONLY

Details of Fees:

Admission Fee	:	Rs. _____
Tuition Fee	:	Rs. _____
Other Fee	:	Rs. _____

Total	:	Rs. _____
