

KALASALINGAM UNIVERSITY

Anand Nagar, Krishnankoil – 626 190 Virudhunagar District, Tamil Nadu, India. APPLICATION FOR ADMISSION TO Ph.D. PROGRAMMES

Department:					Appl. No.:				
Area of Research:							No.:		
1. Name : Date of Birth (DD/MM/YY): Address for Communication:	Age : Permanent Address :					PHOTOGRAPH Affix Recent Passport Size			
						Photo			
Pincode :									
2. Type of Registration: I	Full Time						Part Time		
3. Details of University/ Institution Studied (Bachelor's level and above) Degree Discipline University/College Year Average Marks/CGPA Class (a)									
4. Whether any degree was obtained through correspondence course /distance education mode: Yes/No									
5. Examination Results: a) Bachelor's Degree : Branch :									
Semester I II	III IV	V V	VI	VII	VIII	Ą	ggregate /Grade	Class	
% of marks obtained									
b) Master's Degree:					Brar	nch : .			
Semester I % of marks/ Grade obtained	II II	I IV		Aggr	egate	/ Gra	ide Class		
6. Professional Experience (Teaching/ Research / Industrial) if any:									
Name of Organization	Des	signation	Fı	Per rom	iod T	0	Natu	re of Work	

7 Pe	ersonal Information							
7. 10	i sonai imormation							
(a)	Father's / Husband' Name	s :		(g)	Nation	ality	:	
(b)	Father's/Husband's occupation	:		(h)	State to which the applicant belongs :			
(c)	Mother's Name	:		(i)	Martial	Status	:	
(d)	Place of Birth	:		(j)	Gender	-	:	Male /Female
(e)	Mother Tongue	:		(k)		er SC/ST enclose a	: atteste	Yes / No ed copy of certificate issued)
(f)	Annual Income	:		(I)	Whether Physically challenged : Yes / No (If yes, furnish the certificate to this effect)			
8. Consent of the Supervisor / Joint Supervisor								
			Resea	rch Guid	de [@]			Co-Guide
Nam	e							
Desi	gnation and Departm	ent						
Colle	ege / Organization Ac	ddress						
Area	of Research							
	of Research Scholars	As Research Guide						
(as c	on date)	As Co-Guide						
Sign	aturo	75 00 Guide						
Signature								
Q I is	st of enclosures: -							
a)								
b)	·							
c)								
-	h)							
d)		i)						
e)	j)							
Note: Completed application form should be sent along with a Demand Draft for Rs. 500/- drawn in favour of "The Registrar, Kalasalingam University, Krishnankoil" payable at Rajapalayam.								
Detail	s of payment :							
	DD No. :		Date:					
	Amount : Bank:							
<u>DECLARATION</u>								
I declare that the particulars given above, are true. I am aware that any wrong information may result in punitive action in addition to cancellation of my candidature for Ph.D. admission.								
	Place :							
	Date :					Si	ignatu	re of the Applicant

[®] Refer: http://www.kalasalingam.ac.in /research.php

ANNEXURE-I

CERTIFICATE FROM THE ORGANISATION WHERE THE CANDIDATE IS EMPLOYED

Certified that Mr./Ms./Mrs	is employed as (Designation)	
in the	(Department/Division Nar	me) ot
(Institution/Industry		Name
We have no objection in forw FOR FULL TIME:	varding his/her application	for the Ph. D Research Programme
		ation of the research programme and will be to undertake the full time research
FOR PART TIME:		
allowed to be present for discus	sions with the supervisor, and related presentations. F	time study in the University/College and will be attending course works, conduct of experiments urther the required facilities at our organization
Date :	Signature	of the Head of organization with office seal

ANNEXURE-II

INSTRUCTIONS TO THE CANDIDATES

The following should be enclosed along with the filled in Application Form.

- a) A brief outline of the research proposal with a tentative title, duly signed by the research guide and the candidate
- b) Attested copy of the Mark Statement/Degree Certificate
- c) Attested copy of Transfer Certificate
- d) Attested Copy of the Community Certificate
- e) Supporting documents for Professional Experience
- f) DD for Rs. 500/-