



तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(ESTABLISHED BY AN ACT OF PARLIAMENT, 2009)

नीलक्कुडी परिसर/NEELAKUDI CAMPUS, कंगलान्चेरी/KANGALANCHERRY,

तिरुवारूर/THIRUVARUR - 610 005.

CUTN-Admn-2016-2017

Ph.D ADMISSIONS

Applications are invited from National Fellowship holders for Ph.D under various Departments of the University. Interested candidates are requested to apply for the above in the prescribed application attached. The filled in applications may be sent to:

The Registrar

Central University of Tamil Nadu

Neelakudi Campus,

Kangalancherry, Thiruvvarur 610 101.

Sd/-

REGISTRAR



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AFFIX SELF
ATTESTED RECENT
PHOTOGRAPH

TO
THE REGISTRAR

SIR / MADAM,

I HEREBY APPLY FOR REGISTRATION AS A PH.D STUDENT FOR THE DEGREE OF DOCTOR OF PHOLOSOPHY IN ARTS/SCIENCE/HUMANITIES (SUBJECT)* OF YOUR UNIVESITY IN THE DEPARTMENT / SCHOOL OF _____ AND SUBMIT BELOW THE REQUISITE DETAILS, IF ACCEPTED, I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE UNIVERSITY. PARTICULARS GIVEN BELOW ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF.

1. NAME (IN BLOCK LETTERS).....
(ACCORDING TO THE SCHOOL LEAVING CERTIFICATE)
2. DATE OF BIRTH SEX MARITAL STATUS
3. FATHER'S NAME/MOTHER'S NAME.....
4. CATEGORY: GENERAL/SC/ST/OBC/PHYSICALLY CHALLENGED
(STRIKE OUT WHICH IS NOT APPLICABLE) - ATTACH PROOF
5. NATIONALITY

6. PERMANENT ADDRESS

.....

*Mention subject/discipline ONLY when applying for the Ph.D programme offered by a School/Institute.

(Strike out whichever is not applicable)

7. ADDRESS FOR COMMUNICATION:

.....

.....

MOBILE NO.

PHONE NO.

E-MAIL

8. PARTICULARS OF ACADEMIC CAREER:

Name of the Examinations	Examination passed	Name of Institute/ University	Major Discipline	Year of Passing	Total Marks obtained	(%) Marks/CGPA
SSLC or Equivalent						
Higher Secondary or Equivalent						
Bachelor Degree						
Master Degree						
Post Master Degree						
M.Phil (One year regular course)						

- (i) ATTESTED COPIES OF ALL CERTIFICATES & MARK-SHEET OF DEGREES ETC. MUST BE ENCLOSED.
- (ii) MIGRATION CERTIFICATE, IN ORIGINAL, MUST BE SUBMITTED PRIOR TO DEPOSIT OF REGISTRATION FEES.

9. NAME OF THE FELLOWSHIP AWARDED: CSIR/UGC- JRF qualified/ DST- INSPIRE/ ANY OTHER EQUIVALENT NATIONAL FELLOWSHIPS (PLEASE ENCLOSE RELEVANT DOCUMENT)

10 FELLOWSHIP (IN BLOCK LETTERS):

NAME OF FELLOWSHIP

.....
.....

11. PROPOSED RESEARCH WORK:

(A) PROPOSED AREA/THEME OF RESEARCH:

(Please refer to Department page on University website for details)

.....
.....

(B) STATEMENT OF PURPOSE REGARDING RESEARCH OBJECTIVE (100 WORDS)

YOURS SINCERELY

DATE:

(SIGNATURE OF THE APPLICANT IN FULL)