Jagannath University

Ph. D.

**FORM OF THE APPLICATION FOR REGISTRATION / RE-REGISTRATION
AS A STUDENT FOR DEGREE OF Ph.D.**

Dated:……………..

To,

**The Registrar,
Jagan Nath University,
Jaipur.**

Dear Sir,

I request that I may be registered as a student for the degree of Doctor of Philosophy of Jagan Nath University, Jaipur in the subject ………………..under the faculty of …………………………..

I am enrolled as a student in the Jagan Nath University**,** Enrol. No.   ………..................

1. Name of the applicant in Full (in capital Letter) Miss./Mrs./Shri……………………………………….

2. Address…………………………………………………………………

3. Phone No……………………….   Email ………………………………………………………….

4. Father's Name…………………………………………………………………………………………….

5. Whether Belong to SC/ST…………………………………………………………………………………..

6. Whether working as teacher in a University./ Institution
   If teacher. Employer certificate should be enclosed.
   …………………………………………………
   …………

7. Examination passed by the applicant with the name of the universities, year of passing and division obtained. (Attested copies to be attached)

Exam-ination	Passed	University	Year	Div	Marks Obtained
P.G					
U.G.					
Hr. Sec.					
Secondary					

8. Subject at the post degree examination together with the name of the faculty.   ………………………………………….

Yours faithfully

(Signature in Full)

……

(**to be filled in by the Supervisor**)

9. Full title of the problem of research on   …………………………………………..
   which he/she wants to work (a Scheme   ………………………………………….
   or outline with bibliography of the proposed
   investigation should be attached to the   …………………………………………..
   application) together with the opinion
   of the supervisor about its suitability.   ………….……………………………

10. (a) Name /Designation/Deptt./College of the   …………………………………………………

    Supervisor under whom the applicant   ………………………………………………..

    proposed to work with permanent home address.   ………………………………………………..

    E-mail   …………………………………………………

    (b) No. of candidate Registered including the present one

    ((i) From Jagan Nath University………………. (ii) From other universities......................... (iii) Total ....)

    (c) Name of Joint-supervision, if any   ………………………………………………….

11. Whether the supervisor is approved by the

    University, mention Registration Number   ………………………………………………….

Place:

Date: ....(Mandatory)

Signature of Supervisor