Annexure-IV

		Application for	7		ior PhD Course fo r 2020	r Candidates in	
	Fac	ulty:			. Subject/Special	ty:	,
	Nar	ne of the College/Institute/L	aboraton	y:			
	Ph[Entrance Test Roll no. :			Categor	y:	
	Dat	e of Counseling:			Date of	Admission:	
	Nar	me of the Guide:		• • • • • • •			
	Adr	mission Category (Please TIC	K): As a Re	egular-Stu	dent	SAU Teacher	
	Reg	gistration Fee: Rs		.DD No	. , ,,	dated Bank & B	ranch
To,							
	Sri Sir/ by ap	e Registrar, Aurobindo University, Indore (Madam, ply for final registration to the other Degree in this or any content of the other Degree in the other Degree in this or any content of the other Degree in	he PhD Co				
	1.	Name (in CAPITAL)	,				
	2	Father/Husband Name			3. Mother's name		
	4	Date of Birth	;	5. Gender	Male/Female	6 Nationality	
	7.	Permanent Address:			. ,	• • • • • • • • • • • • • • • • • • • •	
						PIN	
	8.	Present (Local) Address					
						PIN	
	9	Contact.	Mobile		Phone – (0)	email	:
	10	Category (Please TICK) (at	ttach attes	sted copies	of all relevant do	cuments)·	
		Open	sc _		ST	ОВС	

11. Details of Qualification in Chronological Order (attach attested copies of university degree):

Sr No.	Qualification level Nomenclature	Name of Board/ College	University	Year Passing	% Obtained
1.	High School			-	
2.	Higher Secondary (10+2)				
3.	UG Degree				
4.	PG Degree				
5.	Any other				
1					

12 Details of Teaching Experience in Chronological Order (attach attested copies of all relevant documents):

arriorita).				
Subject	Department	Design atlon	Period (In years)	Total Experience
	-			
			Sec.	
			Subject Department Design	Subject Department Design Period

^{*}Kindly attach attested copies of all relevant documents

(c)	Total UG Teaching Experience.	years		months	
(d)	Total PG Teaching Experience	years .		months	

13 Details of Publication/Research Publications in Chronological Order

S.No.	Publication Title	Journal Details (Name, Issue No. & month of Publication)	Indexed in (As per NMC Norms)	Author number First/Second/ Corresponding
1.				
2.		1		
3.] ;		
4.				
5.				
6				
7.				

^{*}Kindly attach attested copies of all relevant documents

14. Details of professional experience, if any (attach necessary certificates):

	(iv) Nature of professional experience:	
	(v) The Institute where professional experience was gained:	
	(vi) Period of professional experience	
15.	Name of the Research Guide:	signation Department:
	Number of students registered under the guide in current Academic	: Yea <i>r</i> :
	Number of all students registered under guide and still not complet	ed PhD:
16	Name of the Co Caide (if and limble).	
10.	Name of the Co-Guide (if applicable):	
	Designation Department:	
	Address:	
17.	Title of the Synopsis (Outline of Research):	
	•••••••••••••••••••••••••••••••••••••••	
	Whether 2 copies of synopsis are attached	: Yes/No
19.	Whether one-e-copy (CD/DVD) of synopsis is enclosed	: Yes/No
20.	Whether approval from College Doctoral Committee was obtained	: Yes/No
	(attach copy of letter)	
21.	Whether approval from Institution Ethical Committee was obtained	: Yes/No
22.	Whether candidate is fulfilling eligibility conditions	: Yes/No
nclosures	:	555555 <u> </u>
Sr.	Name of the Documents	Attached
No.		(Yes/No)
1.	Copy of PhD Entrance Test Mark-List	
2. 3.	Date of Birth Certificate Caste Certificate	
3. 4.	Migration Certificate	
5.	U.G. Degree Certificate	
6.	PG Degree Certificate	
7.	Experience Certificate	
8.	Copy of No Objection Certificate from employer	
9.	Copy of Relieving Letter	
10	Copy of Approval Letter as a Teacher	
11.	State Council Registration Certificate	
12.	Copy of Receipt of fees paid at Centre	
13. 14.	2 Passport size color photographs Copy of Research Publications	
15	Copy of Report of Institute Research Committee	
16	Copy of Report of Institute Research Committee	
•	and an indiana and an	

Undertaking by the Candidate
I, Dr/Mr/Ms
hereby declare that, all the information given above related to me are true, to the best of $\boldsymbol{m}\boldsymbol{y}$
knowledge. I have read the Rules for the Degree of Doctor of Philosophy (PhD) prescribed by the Sri
Aurobindo University, Indore and I undertake to abide by them. I also undertake to regularly work at
the Place of Research and per the recommendation of Research Guide.
Thanking you
Your sincerely,
Date:
Date:
Place:
Recommendation of the Guide
I, Dr/Mr/Msallotted Guide for,
Dr/Mr/ Ms hereby certify that the
Synopsis/Outline of research of Dr/Mr/Ms
s prepared under my guidance/supervision and is a genuine work. I
recommend the same for further Final Registration. Presently
students are registered under me for PhD Course under Sri Aurobindo University, Indore.
Place:

Signature & Name of the Guide

Head of the Research

Institute

Recommendation of the Head of the Department
I am pleased to forward the final draft of Synopsis prepared by, Dr./Mr./Ms
I certify that this final draft is approved by CDC& IEC of this Institute
Place:
Date:
Seal:
Signature with stamp of HOD
Recommendation of the Head of the Research Institute
I am pleased to forward the final draft of Synopsis prepared by, Dr./Mr./Ms
Place:
Date:
Seal:
Signature with Stamp of