

## BOARD OF RESEARCH STUDIES (FACULTY OF TECHNOLOGY) UNIVERSITY OF DELHI

#### APPLICATION FORM FOR REGISTRATION/ADMISSION TO Ph.D. COURSE

The Chairman Board of Research Studies (Faculty of Technology) University of Delhi Delhi-110007

Photo

Through the Head, Department \_\_\_\_\_

Dear Sir/Madam,

I am submitting my application for registration/admission to Ph.D. Course in the Department of \_\_\_\_\_\_University of Delhi, and am giving below my particulars for consideration of the Board.

1. Name (in Block Letters) (as entered in the qualifying degree certificate)

2.	Fath	ner's/	Husb	and's	s /															
	Gar	dian's	s Nar	ne																
	Mot	her's	Nam	е																
3.	Date of Birth (in Figures) DayMonthYear																			
	(In words). (The minimum age for admission to Ph.D. Course is 22 years on the date of submission of the application)								). .)											
4.	Nationality																			
5.	Marital Status: Married/Unmarried																			
6.	Delhi University Enrolment number, if any																			
7.	Whether belongs to Scheduled Caste/Scheduled Tribe/OBC																			

(Please attach attested copy of the certificate)

8.	Whether Physically Challenged (give details) (Attach attested copy of the certificate)	
9.	Address in Delhi	
	email	Mobile No
10.	Father's/Guardian's/Husband's occupation	
	Mother's Occupation	
11.	Permanent Address	
	Tel. No. ( R )	(M)

- 12. Are you pursuing any other course in this or any other University/ Institution? Yes/No \_\_\_\_\_ (if yes, please give details) \_\_\_\_\_\_
- 13. Details of Examinations Passed:

Exam. Passed		University	Year	Max. Marks	Marks Obtained	Div/Grade	Subject(s)
B.A./B.Sc./B.Com. (H B.B.A./B.Tech.							
M.A./M. Sc./M.C./ M. Com/M.B.A./M							
M. Phil. in	Part-I						
	Part-II						
Any other Examir passed:							

14. Fellowship/Scholarship under\_\_\_\_\_

Scheme.

- Note: The self attested copies of the following certificates should be submitted at the time of submission of this form:
  - (a) Under-graduate and Post-graduate (Qualifying) Degrees/Certificates.
  - (b) Mark-sheets of under-graduate and post-graduate (Qualifying) examinations.
  - (c) Matriculation/Hr.Secondary/Secondary School Certificate for verification of date of birth.

- (d) Certificate, in the case of to SC/ST/OBC/PH category.
- (e) Certificate of fellowship/scholarship award letter. (Candidate shall be required to produce the original certificates along with the joining report for verification at the time of admission).
- 14. Language(s) known \_\_\_\_\_

15. Precise details of Research experience, if any:

16. Title of the proposed Research Topic

- 17. Undertaking/Declaration:
  - (a) I have carefully gone through the rules as prescribed under Ordinance-VIB and by the Board relating to the Doctorate of Philosophy (Ph.D.) Course and I undertake to abide by them during the tenure of my research in the Department of

University of Delhi. I am aware that disputes, if any, arising out of/or relating to any matter, whatsoever, concerning registration/cancellation/ submission of thesis or any other matter shall be subject to the exclusive jurisdiction of the competent courts in Delhi only.

- (b) I declare that I shall submit myself to the disciplinary jurisdiction of the authorities of the University who may be vested with the powers to exercise discipline under the Act, the Statutes, the Ordinances and the Rules that may be framed by the University/Board from time to time in this behalf.
- (c) I solemnly declare that I am not in any kind of employment at present and that in case I get any employment at any stage during my studies, I will seek prior approval of the Board of Research Studies for joining the same.
- (d) I hereby confirm that before leaving Delhi or leaving for abroad, I will take prior approval of the Board through the Head of the Department and on arrival I would immediately inform the Board Office.

Yours faithfully,

Signature of the Applicant
Name

Date .....

#### (To be filled in by the candidates who are employed)

Name of the Institution where employed									
Designation									
Period of employment: FromToTo									
Whether Permanent/Temporary/Contractual/Ad-hoc/Project									
Brief details about the nature of job*									
Tel. No. OfficeResidenceMobile									
*Separate sheet may be used to furnish the details, if necessary.									

# (Certificate to be signed by the Head/Principal of the Department/Institution/College where the candidate is employed)

(i)	I certify that Miss/Mrs./Mr									
	working	in	this	Department/Institution/College/Project as						
				on a temporary/ad-hoc/contractual/ permanent						
	capacity sir	nce		The present term of his/her						
	appointmen	t is up to								

(ii) I further certify that Miss/Mrs./Mr.\_\_\_\_\_will be granted leave to pursue the Ph.D. Course as required under the present rules of the Board of Research Studies (Mathematical Sciences) and as may be amended from time to time.

Dated:

Signature of the Head/Principal Institute/College with Seal

## (Certificate by the Head of the Department)

It is certified that:

(i)	The	Departmental	Research			its meeting held nended registration	on of
		liss./Mr.				•	
	Depai	rtment under the s	supervision of	,			
Prof	./Dr.					Supervisor	
Address							
Mobile N	۱o.		(email)				
Number	of stude	ents already admi	tted :	(Supervis	sor's sig	gnature)	
	./Dr.					Joint Supervisor	
					1 1		]
Mobile N	10		(email)				
Number	of stude	ents already admi	_(onian) tted :	(.lt Supe	visor's	signature)	
Turnber	01 01000	and anotady durin		(01.00pcl			
Prof	./Dr.					Advisor	
Address	•					•	
Mobile N	lo.		(email)			(sign)	
						Advisor	
Mobile N						(sign)	
(ii)	has no	opic of research ot been taken up	as proposed earlier in the	by the candi Department fo	date ar or the P	nd recommended by the Ph.D. Course.	DRC
(iii)		iva-voce/disserta been held/submi				for M.Phil.	Part-
(iv)		fic recommendati Leave.	on, of DRC, i	f any, with re	gard to	exemption from Course	work/
Dated	d:				Sig	nature	
					Na	me	
				Head	of the L	Pepartment	
					Uı	niversity of Delhi, Delhi-11	0007

(5)

### **Recommendations/Comments of the BRS**

		Date of Meeting
Recomm	nended subject to/not accepted	
(i)	Course Work	
(ii)	Study Leave/Residency condition	
(iii)	Equivalence of the Course	
(v)	Fulfillment/verification of other Requirements:	
(v)	Appointment of Supervisor(s)	
(vi)	Appointment of Advisor(s)	
Remarks:		

## **Representative of the Department**

#### **CHAIRMAN**