



**Pt. Ravishankar Shukla University,
Raipur, Chhattisgarh**

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photograph

APPLICATION FORM FOR ENTRANCE TEST FOR Ph.D. PROGRAM, YEAR 2017

1. Subject : Faculty :
2. Specialization :
3. Name of the Candidate in full (in capital Letter) :
4. Father's Name :
5. Date of Birth
6. Gender:
7. Nationality :
8. Permanent Address :
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.....
9. Address for Correspondence :
.....
.....
10. Mobile No. :
11. Landline No.(with STD Code) :
12. E-mail ID :
13. Whether belonging to SC/ST OBC/Differently able Categories :
(Strike out whichever is not applicable)
14. Details of Fee Payment: D.D./Cash (Strike out whichever is not applicable)
D. D. No. Amount in Rs. Date of Issue
15. Name of the Bank :
16. Educational Background (attach attested copies of marks statement and certificates)

Degree	Board/University	Year of passing	Specialization	Class/ Grade	Percentage/ Grade Points/ Average
H.S.S.C.					
Bachelor's					
Master's					
M. Phil					
Any other					

Contd.

17. Particulars of Publications in peer reviewed/Index National/International Journal
(Strike out whichever is not applicable)

Sr.	Title of the Paper/Book	Name of the	Details of Publication		
			Volume	Issue	Year
1					
2					
3					
4					

18. Details of Teaching Experience

Sr.	Name of the College	Subject(s) Taught	Period	
			From	To

19. Details of Work Experience

Sr.	Name of the Orgnisation	Designation	Period	
			From	To

20. Present Employment Details

Name of the Employer :

Address :

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21. Declaration :

- a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application for m will be rejected/admission will be cancelled.
- b) If admitted to Pt. Ravishankar Shukla University, Raipur, I shall abide by its Rules and Regulations.
- c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.

Place :

Date:

Signature of the Candidate



Ph.D. Entrance Examination
Academic Session: 2017
ADMIT CARD

Affix Self-attested
Stamp Size Photo

Roll No.

Subject:

Name & Address of the Candidate:

Name & Address of the Examination Center:

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.....

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.....

Date of Examination:

Time of Examination:

Head, SoS/Principal



Pt. Ravishankar Shukla University, Raipur (C.G.)

Photo

Application form for Admission in Ph.D. Course / Registration as a Ph.D. Student.
Year-2017

Enrolment No.

Complete information of the Applicant

	Subject in which Ph.D. registration is desired :					
1.	(a) Name of the applicant (in Roman Block Letter) :					
	(b) Name of the applicant in Hindi :					
2.	Father's /Husband's Name :		Caste (SC/ST/OBC/Differently abled):			
3.	Date of Birth :	Age:	Gender:M/F			
4.	(a) Permanent Adress with phone No. :					
	(b) Address for correspondence with phone No. & E.Mail ID :					
5.	Occupation and name of the post (if employed): (if in service, attach No objection Certificate of the employer and experience certificate)					
6.	Details of Educational Qualifications :					
	Name of examinations	Year	Board/University	Subject	%	Dvn.
	UG					
	PG					
	M.Phil.					
	NET/SLET /GATE etc.					
Note : Attached attested copies of Mark sheets						

Contd.

7. Details of previous research work (if any):

Signature of the candidate

8. Consent of the Guide

Signature of the guide

Note : If consent of the guide has not been taken then, candidate will have to mention the name of three guides in order of preference:

Candidate preference order for Guide S.No.	Name of the Guide and address
1.	
2.	
3.	

9. Recommendation of the DRC for admission in Ph.D. Course :

Date of DRC-

(Signature of DRC Members)

10. Exemption Status from the Course Work : Exempted /Not Exempted

11.	(i) Allotment of the supervisor by the DRC (Name of the Supervisor recognized by the RDC of PRSU) : ----- Address with telephone number & Email ID ----- List of papers published in the last five years. (Enclosed reprint of at least one research paper).
	(ii) Date of Seminar :
	(iii) Results of the Course Work :
	(iv) Title of the Ph.D. Thesis :
	(v) Name of the Research Center where the research work will be carried out :
	(vi) Recommendation of DRC for Ph.D. Registration:
(Co-Supervisor)	(Signature of the Supervisor)
	(Chairman DRC)

Certificate by the Chairman, DRC

This is to certify that Mr./Mrs./Ms./----- will be allowed to carry out research work in the school of Studies/College/ Institute and will be provided with the available research facilities .

Signature with seal