



# **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 : .....  
.....  
.....
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/Indexed 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 Organisation	Designation	Period	
			From	To

**20. Present Employment Details**

Name of the Employer :									
Address :									


**21. Declaration :**

- 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.
- If admitted to Pt. Ravishankar Shukla University, Raipur, I shall abide by its Rules and Regulations.
- 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

		<b>Ph.D. Entrance Examination</b> Academic Session: 2017 <u><b>ADMIT CARD</b></u>		Affix Self-attested Stamp Size Photo
Roll No.		Subject:		
Name & Address of the Candidate:		Name & Address of the Examination Center:		
..... ..... ..... .....		..... .....		
Date of Examination:		Time of Examination:		
<div style="text-align: right;">Head, SoS/Principal</div>				





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

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

Photo

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 Address 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