THE GANDHIGRAM RURAL INSTITUTE - DEEMED TO BE UNIVERSITY

Sl. No.

Registration No.

RAM RURAL DAY ERSITY HOWYO BITTO

APPLICATION FOR Ph.D. COURSE WORK EXAMINATIONS-NON SEMESTER JANUARY 2017 SESSION AND EARLIER

(to be filled in carefully by the candidate in his/ her own handwriting. Defective application will be rejected)

Remittance of examination fees

Amount Remitted

-

Date of remittance

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DD No. & Date

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(if fee remitted by DD)

1. Name (in BLOCK LETTERS)

2. Sex : Male / Female

3. Age and Date of Birth :

4. Community : SC/ST/OBC/OC

5. Date of Registration for Ph.D. :

6. Educational Qualifications :

Sl.No	Name of the Examination Passed	Board/University	Month & Year of Passing	Subjects Studied	CGPA / %of marks
1	SSLC or its Equivalent	40			
2.	H.Sc or its Equivalent			19	
3	UG				
4	PG				
5	M.Phil				

(Copies of certificates for each of the above examinations duly attested by the HOD/ Research Supervisor should be attached) ...2

7. Address in Block letters		
(for all communications)	1	
8. Contact Phone numbers(Mobile/Land line)	1 ,	
9. E-mail ID	:	
8. PARTICULARS OF SUBJECT(S) APPEA	RING NOW:	
(Indicate the Course Work Examination(s) that you intend	I to write by marking I/II Appearan	ce in the respective
box)		
COURSE WORK EXAMIN	NATION	Appearance I / II
# COURSE - I : Research Methodology		
# COURSE – II : Basic concepts and theory i	in the research subject/	
Basic concepts and Theory	in the Subject Area	
# COURSE – III : In-depth specialization in t Specific Area of Research	the area of research/	
DECLAR	ATION	
I certify that the particulars furnished a knowledge. In case of any false particulars produ and regulations of Gandhigram Rural Institute – I	iced, I agree to accept the acti	
Place: SIGN	NATURE OF THE RESEAR	CH SCHOLAR
Date:		
SIGNATURE OF THE RESEARCH SUPERVIS		
SIGNATURE OF THE RESEARCH SOFER VIS	OR:	
Name & Designation of the Descarch Symposium		

Name & Designation of the Research Supervisor: (Mobile No. and E-mail ID)

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SI.No.	HAL	L TICKET		
1. Name	:		(Affix Passport size	
2. Course	: Ph.D. Programm	me	photograph. The photo should be	
3. Examination appeari	g for: Course Work Examination- Non- Semester - January 2017 Session and Earlier attested by the concerned Research Supervisor)			
4. Registration Number	:	9		
5. Signature of the Res	earch Scholar			
RESEARCH SUPERV	TSOR			
CHIEF SUPERINTEN	DENT	CONTROLLER (OF EXAMINATIONS	