Form I					
Application for Admission to the Degree of Doctor of Philosophy (Ph.D.)					
Application No	Form No				
GUJA	ARAT UNIVERSITY				
		Photograph of the candidate			
To The Registrar Gujarat University Ahmedabad					
Dear Sir					
I hereby apply for admission to the Ph.D. Degree Programme of Gujarat University. I state that I have not been admitted as a student for this or any other Degree programme of this or any other University. I furnish below the required information:					
 Name in full (in Capital Letters) (Beginning with Surname, if any appearing in the documents) 					
2. Date of Birth	:				
3. Gender	: Male/Female (Strike out whichever is	not applicable)			
4. Nationality	:				
5. Permanent Address	:				
6. Present (Local) Address	:				

7.	Contact informat Phone		: · Res	idence:		
			: Off			
			: Mol			-
			. 1010			
			: E-m	nail :		
8.	I belong to the ca (Please tick the a certificate, where	ppropriate box		tested caste		
	Open category	SC	ST	PH	SE	BC*
				n-creamy layer		
9.	Particulars of Deg marks and certif		y obtained (at	tach attested co	pies of stat	tement of
	Degree	University	Year of passing	Subjects offered	Class/ Grade	Percentage grade points
	Bachelor's		P********			points
	Degree					
	Master's					
	Degree					
	M.Phil. Degree					
	Any other					
	Degree/					
	Diploma					
10.	Particulars of Pu	blications :				
	Title of the	paper/book	Name journal/j	of the bublisher	Place and of public	-
	1					
	2					
	3 (Attach addit	ional sheet, if r				
	(Anach audh		100055al y j			

11. Details of Teaching Experience :						
	Name of the college/institution	Subject(s) taught	Years			
12.	Details of professional experie	nce, if any (Attach nec	essary Certificates) :			
(i) Nature of Professional Expo	erience :				
((ii) Name/s of the institution/s where : Professional experience was gained					
(i	ii) Period of Professional expe	rience :				
	Present Occupation/Employme Give Name and Address of the					
14.	Please indicate whether you documentary evidence :	u have qualified in any	of the following. In	f yes, attach		
 Qualified in SET / NET M.Phil. degree completed from Gujarat University. M.Phil. degree from another statutory University whose admission at M.Phil. has been done through an entrance examination. Have cleared any fellowship/scholarship (JRF/TRF) and are entitled to receive fellowship from national bodies. Appeared in the latest GATE/CAT and have scored more than 75 percentile or 75 per cent. Being a teacher, having been granted leave and fellowship by a national body for undertaking Quality Improvement Programme. 						
15.	Total experience: (1) Teaching: years (2) Professional: years (attach evidence for the above experience)					
16.	Faculty in which registratio	n is sought :				
17.	Subject/discipline in which proposed to be done	Ph.D. is :				

18.	Broad area of research	:
19.	Provisional eligibility certificate issued by Gujarat University	:No Date
21.	Type of research (Please specify whether interested in doing full time/part time/independent research)	:
22.	Location where the applicant is interested to carry out Ph.D. research (Gujarat University Department/School/affiliated colleges/approved/recognised institute)	:
23.	(i) Title of M. Phil. Dissertation, if applicable .	:
	(ii) Is the Proposed topic of Doctoral Research Related to or an Expansion of the M.Phil. Dissertation?	: Yes / No
24.	(in the order of preference)	1) 2)
	(2	.,
25.	Name of Co-Guide, if any :	
26.	Name and address of the approved:place where doctoral research isproposed to be undertaken	
Rul Uni furr	the particulars given above are true to the b es and Regulations of the Degree of Doct versity and I undertake to abide by them. I ished any false information, my admission to celled, at any time.	or of Philosophy (Ph.D.) of Gujarat am aware that if it is found that I had
Υοι	ırs faithfully,	
. –	plicant) e :	Place :

(For Office Use)					
GUJARAT UNIVERSITY					
From No					
NAME OF THE STUDENT:					
FACULTY: SUBJECT:					
1) WHETHER EXEMPTED FROM ENTRANCE TEST	YES/NO				
2) WHETHER REQUIRED TO GIVE GDPI	YES/NO				
3) WHETHER REQUIRED TO GIVE SEMINAR	YES/NO				
4) WHETHER ELIGIBLE FOR DIRECT ADMISSION	YES/NO				
(SIGNATURE) MEMBER, ADMISSION COMMITTEE DATE: 	YES/NO				
MERIT NO CATEGORY					
STATUS: PROVISIONALLY ADMITTED	 YES/NO				
OR					
WAIT LISTED YES/NO					
(SIGNATURE) MEMBER, ADMISSION COMMITTEE DATE:					
NAME OF THE GUIDE ALLOCATED					
NAME OF THE CO-GUIDE ALLOCATED, IF ANY					
SIGNATURE MEMBER, RDC DATE:					

Form II				
Applic	Application for title clearance			
(To be forwarded through th	e Head	of Department/Institution of Research)		
1. Faculty	:			
2. Subject	:			
3. Broad area of research	:			
4. Title of the thesis	:			
To The Registrar Gujarat University Ahmedabad 380009				
Dear Sir				
I am submitting herewith my proposidetails are as follows :	sal for t	itle clearance of my Ph.D. thesis. The required		
 Name in full (in Capital Letters) :				
Yours faithfully,				
(Applicant)				
Date :		Place :		
Name of the Guide:		(Signature)		
Date : Encl: Proposal (8 copies)				

Form III

FRESH REGISTRATION/RE-REGISTRATION FOR Ph.D. DEGREE

(In case of re-registration, students are requested to give their previous Registration No. and Date along with his/her application through the guide)

- *N.B.* 1) Persons who hold qualifying degree of other Universities have to provide themselves with certificates of eligibility from this University before applying for registration as Ph.D. students.
 - 2. The registration and tuition fees will be accepted after the approval of the title.
 - 3. Tuition fees must be paid regularly for each term by the student.
 - 4. Certified true copy of the mark statement should be attached of the Master Degree Examination.



Reg. No.	
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Date:

GUJARAT UNIVERSITY

FROM OF APPLICATION FOR REGISTRATION/RE-REGISTRATION AS A POST-GRADUATE STUDENT FOR THE DEGREE OF Ph.D.

To,

The Registrar, Gujarat University, Ahmedabad-9. Sir,

I am enclosing the receipt for the payment of the required fees.

Yours faithfully,

Date :

(Signature)

*The faculty in which the candidate wishes to obtain the Degree of Ph.D.

PRATICULARS OF THE CANDIDATE					
Surname			Sex	Male/Fe	male
Name			Race Religio		
Father's/ Husband's name			Fee Receipt No. Date & Amount		ount
Residential Address			eligib	of application for the co bility and the number of eligibility certificate issue	the provisional or
If Telephone No.	(R) (0)		No Date :		
	Institution where the				
The full title of the Problem of Research : in which Language the Synopsis & thesis will be submitted :		The name of the University teacher under whom the applicant is working or proposes to work :			
				of Retirement of the ner :	
	tion for the Master's de	egree passed	by the	IFICATIONS applicant with the date o tained be mentioned.	f passing, the name of
Name of the Examination	Year	University		Subject/s	Class
Present No. of students registered and Working under a teacher					
Date:				Place:	
For University Office Sir, The application is in order and he/she may please be registered.					
Checked By:		_		For Regis	trar