SAVITRIBAI PHULE PUNE UNIVERSITY



Application for Admission for the degree of Doctor of Philosophy (Ph.D.) (To be forwarded through the Head, Place of Research)

1. Faculty :				2. Subject :						
3. Research 7	Topic :	1	1							
To,										
The Registrar				Tel./Mobile No.:						
Savitribai Phule Pune University										
Pune-411007	(INDIA)			E-mail :						
Dear Sir										
I her	eby apply	for admissi	ion to the P	h.D. Degre	e. I state th	at I have no	ot been adr	nitted as a		
student for th	nis or any o	other Degre	e in this or	any other U	Jniversity.	The required	d details ab	out mysel		
are as follows	s:					(<u>**</u>)				
1. Name in fu	ıll (in Capi	tal Letters)	•							
(Beginning with Surname)				(Surname) (Name) (Father/Husband) (Mother's Name)						
2. Date of Birth										
3. Gender			: Male /	Female / T	ransgender					
				e out which	_	applicable)				
4. Nationality	/		:							
5. Permanent Address :			*							
6. Present (Le	ocal) Addre	ec .								
o. Present (E	ocar) Addit	255	•							
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7. I belong to		some constant and the c								
(Please Tic			& attach att							
l Open	2 SC	3 ST	DT(A)	5 NT(B)	6 NT(C)	7 NT(D)	8 OBC	9 SBC		
Category	SC	31	DI(A)	NI(D)	NT(C)	NT(D)	OBC	SBC		

8. Present Occupation/Employment :							
9. Particulars of Degrees previously obtained (attach attested copies of statement of marks and certificates)							
Degree	University		Year of Passing	Subject Offered			
Bachelor's Degree							
Master's Degree							
M. Phil. Degree							
Any other Degree/ Diploma							
10. Particulars of Publications :							
Title of the Paper/Book		Name of the Journal/ Publisher			Place and Year of Publication		
1.							
2.							
3.							
11.Details of Teachi	ng Experienc	ee:					
Name of the College		Subject(s) Taught			Year(s)		
12. Details of professional experience, if any (Attach necessary Certificates):							
(i) Nature of Professional Experience :							
(ii) The Institute where Professional experience was gained :							
(iii) Period of Professional experience :							
13. (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							

14. Name of the Research Guide (under whom I propose to work for my Ph.D.)	•
15. Name of Co-Guide, if any	i
16. Name and address of the approved place of research (where I desire to do Doctoral Research)	<u> </u>
Degree of Doctor of Philosophy (Ph.D.)	the to the best of my knowledge .I have read the Rules for the and I undertake to abide by them. I also undertake to regularly so otherwise permitted by the Head, Place of Research on the second control of the second con
Eight copies of the research outline (registration fee receipt are enclosed.	(as per appendix 'B' of the Rules) and a xerox copy of the
Thanking you	
	Yours Sincerely,
	Name of applicant
Date :	
Place:	
Pager	mmondation of the Coult
-	nmendation of the Guide
	am willing to supervise the
	and I
recommend that he/she be given provi-	
	ε
Presently students are pursuing	ng their research work under my supervision.
Date :	Research Guide

N.B.: The Research Guide is expected to communicate separately to the Head, Place of Research two names of Research Guides as per Rule 7 (iii) and time and date for the presentation.

Decision of the Head, Place of Research

On verifying the relevant documents I found the	ne student eligible/	not eligible for admission to the
degree of Doctor of Philosophy (Ph. D.) of the	Savitribai Phule P	une University. He /She has been
provisionally admitted/ not admitted to the F	h. D. Programme	as a student of the University
Department/Research Institute/ Centre (a copy of	the letter has been a	attached).
The presentation has been scheduled at	am /pm on	(Day)
(Date). The Report of the presentation will be for	rwarded to the Univ	versity office immediately after the
scheduled date.		
Date:		Head, Place of Research
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Decision of the Research	and Recognitio	n Committee
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On the basis of the merit of the proposal and the r		CONTROLLE CONTROLLE AUTORITATION CONTROLLECTURE SE CONTROLLE AUTORITATION CONTROLLE AUTORITATION CONTROLLE AUT
(a) Approve/s the topic of Research/ recomm	lends the following	change in the topic :
(b) Appoint/s the following Co Guide:		
(b) Appoint/s the following Co-Guide :		
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		Chairman
Date:	Passas	ch and Recognition Committee
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