



# MANIPAL

ACADEMY of HIGHER EDUCATION  
(Deemed to be University under Section 3 of the UGC Act, 1956)

## Registration Form for Ph. D. Degree

| Personal Data   |                                 |             |                                    |                 |                     |  |
|---|---------------------------------|-------------|------------------------------------|-----------------|---------------------|--|
| Name (in block letters)   |                                 |             |                                    |                 |                     | <i>Affix your recent passport size colour photograph</i> |
| Date of Birth (DD/MM/YYYY)  |                                 |             |                                    |                 |                     |  |
| Gender  | <input type="checkbox"/> Male   |             | <input type="checkbox"/> Female    |                 |                     |  |
| Phone   | Res:                            | Mobile:     |                                    |                 |                     |  |
| e-mail  |                                 |             |                                    |                 |                     |  |
| Name of the Father  |                                 |             |                                    |                 |                     |  |
| Name of the Mother  |                                 |             |                                    |                 |                     |  |
| Religion  |                                 |             | Caste                              |                 |                     |  |
| Nationality   |                                 |             | Blood Group                        |                 |                     |  |
| Mother Tongue   |                                 |             | State of Domicile                  |                 |                     |  |
| Residential Address with PIN code   |                                 |             |                                    |                 |                     |  |
| Office address with PIN code  |                                 |             |                                    |                 |                     |  |
| Address for Correspondence  | <input type="checkbox"/> Office |             | <input type="checkbox"/> Residence |                 |                     |  |
| Academic Record (Bachelors degree onwards)  |                                 |             |                                    |                 |                     |  |
| Examination Passed  | Specialization                  | Institution | University                         | Year of Passing | % of marks obtained |  |
|   |                                 |             |                                    |                 |                     |  |
|   |                                 |             |                                    |                 |                     |  |
|   |                                 |             |                                    |                 |                     |  |
|   |                                 |             |                                    |                 |                     |  |
| National Level Entrance Examinations Qualifying for Ph.D.                             |                                 |             |                                    |                 |                     |  |
| If qualified, name of the entrance examination  |                                 |             | Year of qualifying                 |                 |                     |  |
| Attach relevant document  |                                 |             |                                    |                 |                     |  |
| Proposed Research Data  |                                 |             |                                    |                 |                     |  |
| Title of the Proposed Thesis  |                                 |             |                                    |                 |                     |  |
| Institution and Department in which the candidate proposes to work and prepare thesis |                                 |             |                                    |                 |                     |  |

I hereby declare that the information that I have furnished herein is true to the best of my knowledge.

Date:

Place:

Signature of the Candidate

| Declaration by the Guide  |                     |                        |                      |                  |
|---|---------------------|------------------------|----------------------|------------------|
| Name of the Guide   |                     |                        |                      |                  |
| Designation and Office Address  |                     |                        |                      |                  |
| Phone   |                     |                        | e-mail               |                  |
| Senate approval reference number  |                     |                        |                      |                  |
| The students who are presently working for Ph.D. programme under my guidance are: |                     |                        |                      |                  |
| Sl. No  | Name of the student | Registering University | Date of Registration | Guide / Co-guide |
| 1.  |                     |                        |                      |                  |
| 2.  |                     |                        |                      |                  |
| 3.  |                     |                        |                      |                  |
| 4.  |                     |                        |                      |                  |
| 5.  |                     |                        |                      |                  |
| 6.  |                     |                        |                      |                  |
| 7.  |                     |                        |                      |                  |
| 8.  |                     |                        |                      |                  |

I undertake the responsibility of guiding Mr./Ms. \_\_\_\_\_  
for his/her Ph.D. degree in the proposed field of research.

Date:

Place:

Signature

| Declaration by the Co-guide   |                     |                        |                      |                  |
|---|---------------------|------------------------|----------------------|------------------|
| Name of the Co-Guide  |                     |                        |                      |                  |
| Designation and Office Address  |                     |                        |                      |                  |
| Phone   |                     |                        | e-mail               |                  |
| Senate approval reference number  |                     |                        |                      |                  |
| The students who are presently working for Ph.D. programme under my guidance are: |                     |                        |                      |                  |
| Sl. No  | Name of the student | Registering University | Date of Registration | Guide / Co-guide |
| 1.  |                     |                        |                      |                  |
| 2.  |                     |                        |                      |                  |
| 3.  |                     |                        |                      |                  |
| 4.  |                     |                        |                      |                  |
| 5.  |                     |                        |                      |                  |
| 6.  |                     |                        |                      |                  |
| 7.  |                     |                        |                      |                  |
| 8.  |                     |                        |                      |                  |

I undertake the responsibility of guiding Mr./Ms. \_\_\_\_\_  
for his/her Ph.D. degree in the proposed field of research.

Date:

Place:

Signature

## Recommendation of the Head of the Department

The Department of \_\_\_\_\_ of \_\_\_\_\_

institute has adequate facilities for conducting the research work by

Mr./Ms. \_\_\_\_\_

under the guidance of Dr. \_\_\_\_\_

I recommend that the candidate may be permitted to register for Ph.D. degree under  
Manipal Academy of Higher Education.

Date:

Department Seal

Name

Signature

## Recommendation of the Head of the Institute

The Department of \_\_\_\_\_ of \_\_\_\_\_

institute has adequate facilities for conducting the research work by

Mr./Ms. \_\_\_\_\_

under the guidance of Dr. \_\_\_\_\_

I recommend that the candidate may be permitted to register for Ph.D. degree under  
Manipal Academy of Higher Education.

Date:

Institution Seal

Name

Signature

The duly filled application must be submitted to the Research Coordinator of the respective institution along with the following enclosures:

- Attested copy of the Post Graduate degree certificate.
- Attested copies of the marks cards of Post Graduate degree
- Copy of the Grant sanctioned / JRF selection letter / competitive examination score card
- Affidavit for change of name (if any)
- Research protocol, which should include the following:
  - Title, Candidate's Name and affiliation, Guide/Co-guide's name and affiliation
  - Introduction
  - Literature Review
  - Research Gaps identified
  - Objectives
  - Detailed Methodology
  - Expected outcome
  - Importance of proposed research investigation
  - Research Time plan
  - Pilot study / Preliminary work done
  - Expenses and funding
  - References
  - Similarity check report duly signed by the candidate and guide/s.
  - Soft copy (PDF) of the protocol

## Passport and Visa Details

(For Foreign Students only)

|                          |  |
|--------------------------|--|
| <b>PASSPORT DETAILS:</b> |  |
| Passport Number          |  |
| Issuing Authority        |  |
| Issue Place & Country    |  |
| Issue Date               |  |
| Expiry Date              |  |
| <b>VISA DETAILS:</b>     |  |
| VISA Number              |  |
| Issuing Authority        |  |
| Issue Place & Country    |  |
| Issue Date               |  |
| Expiry Date              |  |