



Ramakrishna Mission Vivekananda Educational and Research Institute

(Deemed-to-be University as declared by Government of India under Section 3 of UGC Act, 1956)
[Formerly Known as Ramakrishna Mission Vivekananda University], Belur Math, West Bengal, India
Head-Quarters at Belur Math, Off-campuses at Coimbatore, Ranchi, **Kolkata** & Narendrapur

Registration Form for Doctor of Philosophy (PhD) Programme

For Office Only: Received Rs. _____ (Fee: Rs 200/-) as registration fee
as cash OR as Demand Draft No. _____, date _____, Bank
& Branch _____
_____ Receipt No. _____
Date _____
Signature of Cashier with Seal

Latest Passport size
Photo (to be attested
by the Guide/Head of
Department)

1. Name of the Applicant (in BLOCK letters):
2. Subject/Course of study (in which the candidate wants to register):
3. Department:
4. School/Faculty Centre:
5. Academic Year _____
- 5a. Category (Full time/Part time):
6. Date of Admission to this University:

7. Father's Name:
8. Mother's Name:
9. Date of Birth (dd-mm-yyyy e.g. 18-07-1985):
10. Nationality (Indian/Non-Indian):
11. Permanent Address (including Pin Code):
12. Address for Correspondence:
13. State of domicile:
14. Phone (Landline /Mobile) and Email address:
15. Sex (Male/Female):
- 15a. Marital Status (Married/Unmarried):
16. Category (Gen/SC/ST/OBC etc):
- 16a. Whether Physically Handicapped? (Yes/No):
17. Name of the University/Board from which migrating:
18. Year of Migration:
19. Date of passing the comprehensive examination/viva voce:
20. Tentative topic of PhD programme :
21. Place of research work:
22. **Research Guide:**
Name, designation and address of the research guide:

23. Consent of the Research Guide:

CERTIFIED that the details furnished above by the scholar have been verified and found to be correct. I recommend that the candidate should be registered as the PhD scholar of this University and I am willing to supervise the candidate's research work.

Place :

Date:

Signature of Research Guide

24. Name and consent of the members of the PhD Advisory/supervisory committee:

I am willing to supervise the candidate's research work

Sl	Name	Designation	No. of PhD scholars supervising	Contact Number	Signature with date
1					
2					
3					
4					

Details of Scholarship/ Fellowship presently receiving for the PhD research work::

- a. Name of the scholarship:
- b. Scholarship awarding authority/organisation:
- c. Name of the examination:
- d. Date of qualification for the scholarship:
- e. Amount (Rs) and duration of scholarship:

Declaration of the Applicant:

Certified that all my foregoing statements are true and correct and documents furnished along with the form are genuine to the best of my knowledge and belief. In case any of the documents is subsequently detected to be fake or false, my registration with the University shall be liable to be cancelled and fees to be forfeited. I declare that I have not joined and will not join in any course of study of any University/Institute during the period of my study in this University without prior permission from the registrar of this University. I further certify that no judicial proceedings is pending / going on against me. I agree to abide by all Rules and regulations enforced by the University.

Date:

Full Signature of the Applicant

Declaration of the Dean / Head of the Department:

All the foregoing statements are verified and found to be correct. I find _____ to be eligible for registration to the degree of Doctor of Philosophy (Ph. D.) in (subject) _____ of this University during _____ trimester/semester/year of the academic session _____.

Date:

Office Seal

Signature of the Dean / Head of the Department
Ramakrishna Mission Vivekananda Educational &
Research Institute Belur Math, Howrah, WB

Format for applying for Ph. D. Registration Certificate

Name of the Scholar	
ID. No.	
Programme	
School	
Date of Admission to Ph. D.	
Date of Completion of Course-work /Completion of M. Phil.	
Date of Comprehensive viva voce / Exam. (in presence of external examiner)	
Proposed Title of the Ph. D. Thesis	
Name of the Research Supervisor and Designation	
Final CGPA Obtained in Ph. D. Course Work	

Signature of the Candidate

Date :

Verification signature of the Guide.....

Date :

Forwarding signature of the HoD / Dean.....

Date :

Office Stamp