ANNEXURE-I



GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No.MISC-2010/(252/10)UNI-4 Dated 27th Sept.2011 State University governed by Maharashtra Universities Act, 1994.)

APPLICATION FORM APPLICATION FORM FOR REGISTRATION AS A RESEARCH STUDENT FOR THE DEGEREE OF DOCTOR OF PHILOSOPHY IN THE SUBJECT _____UNDER THE FACULTY OF To, Passport Size The Controller of Examination, Photograph **Gondwana University, Gadchiroli** Attested By Gazetteer Officer Sir/Madam, I hereby apply for being registered as a research student for the degree of Doctor of Philosophy (Ph.D.) in the Subject ______ Under the Faculty of _____ of the Gondwana University, Gadchiroli. The required fee of Rs. _____ has been paid in the University account on date vide receipt No. ______. (A copy of the receipt is enclosed herewith) 1) Name in Full (In Block Letters) Surname First Name Middle Name Name of Mother 2) Name of Father/Husband 3) Date of Birth 4) : In Figure_____ In words 5) Permanent Address 6) Address for orrespondence:

Telephone No: _____ Mobile: ____ E-mail : ____

7)	Marit	tal Status (Married,	/ Single)	:				
8)	Relig	ion		:				
9)	Natio	onality		:				
10)	Caste	е		:				
11)	(a) I	belong / do not be	long to bac	kward class*				
	(b) M	ly category is SC /S	ST /OBC /V	J /NT /SBC*				
12)	Moth	ner Tongue		Languages Known				
13)		e of the University fying degree has b		ed				
14)	Colle	ge last attended		:				
15)	Enrolment Number, if passed : from R.T.M. Nagpur University (*Strike off whichever is not applicable)							
16)	<u>Deta</u>	ils of Examinatio	n passed:					
Examir		University	Year	Subject offered	Division	Aggregate Marks	Percentage/ grade	
17)	Are (a) (b)	you employed? Yes Designation Address of offic		: :				
18)		ect (Relating to the udies in the Faculty		:				

	Topic of Research:				
	Name and address of the Department/ Institution where the proposed research is to be Carried out :				
	Name, designation and address of the allotted Guide under whose supervision the proposed Research is to be prosecuted				
	Recognition number of Guide:				
	Whether the Ph.D. Entrance Test conducted by this University passed: Yes/No If yes please give details :				
	(a) Roll Number :				
	(b) Date & Year of Passing :				
	(c) Exempted from PET Under clause :				
	(d) Percentage obtained :				
	Whether the candidate is exempted from Entrance Examination: (Yes/ No) If yes, please give details :				
	List of documents enclosed :				
	: :				
ıa	ture of the Candidate) (Signature of the Guide/Co-Guide)				
R	UCTIONS:				
	Attested true copies of the mark list / Degree certificate must be attached. Candidate who has passed the qualifying examination from any University other than Gondwana University, Gadchiroli should submit an original Eligibility Certificate from Gondwana University Gadchiroli.				
	If the candidate belongs to the Backward Community, copy of caste certificate also should be enclosed.				
	Incomplete application will not be accepted under any circumstances.				

UNDERTAKING BY CANDIDATE

I promise to abide by the provisions of Direction, rules and regulations of Gondwana University Gadchiroli governing Ph.D. program issued in this regard from time to time and discipline of the University and read the above mentioned instructions carefully.

Signature of the Candidate				
	ENDORSEMENT OF THE GUIDE			
1)	I am willing to supervise the research work of the applicant. The proposed subject of research and the outline enclosed herewith have my approval			
2)	The subject of research refers to the Board of Studies in Subject in the Faculty of			
3) 4)	The number of students already registered to work under my supervision are I have been recognized / not been recognized as a research supervisor by the University vide letter No			
Date : Place :	Signature of the Guide/ Co-Guide			
Famus	ENDORSEMENT OF THE HEAD OF PLACE OF RESEARCH			
	ded and recommended. Necessary facilities available in this Department/ Institution will be ed to the applicant. Head of the Place of Research			
	ilicaa oi tiic i lace oi Rescarell			

ANNEXURE-II

Faculty of :	
Subject :	
GONDWANA UNIVERS	ITY, GADCHIROLI
(Established by Government of Maharashtra No Dated 27 th Sept.2011 State University governed	
COURSE WORK COMPLET	TION CEDITEICATE
COORSE WORK COMPLET	ION CERTIFICATE
I	one semester or a term of half year as per
Date : Place :	
Signature of the Guide	Signature with Seal of Head of the Place of Research

ANNEXURE - III

Signature of the Guide

Faculty o	f :	ANNEXONE	
Subject	:		

GONDWANA UNIVERSITY, GADCHIROLI

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	<u>PROGR</u>	ESS RE	PORT				
To,							
	The Controller of Examination , Gondwana University, Gadchiroli.						
Through :- (Name	e of Guide)						
Subject : Progr	ess report for the period	from		to			
Sir/Madam,							
I am submitting the the subject above a	submitting the progress s follows :	report of	Ph.D. researd	ch for the dur	ation cited under		
1) Name of the Res	earch Student	:					
2) Name of Research	ch Guide	:					
3) Date of Registra	ion for Ph.D. Degree	:					
4) Place of Research	h Work	:					
5) Title of Research	work	:					
Details in respect o	f Research work carri	ed out d	uring above	mentioned	period		
Date :-							

Signature of Student

Place :-

ANNEXURE-IV

FRONT / COVER PAGE OF THESIS

1)	The color of the cov	er of the thesis should	be black	
2)	Letters should be	Golden Color with e	mbossing	
3)	The name of the car	ndidate should be mer	tioned on the top side cover of Ph.C). Thesis
4)	Title of the Thesis sh	hould be (In Block Let	ers)	
5)	Faculty			
6)	Subject			
7)	Name of Guide/Co-C	Guide		
8)	Date of thesis subm	ission		
		FIRST PAGE (OF THESIS	
1)	Title of thesis			
2)	Faculty			
3)	Subject			
4)	Name of Candidates			
5)	Name of Guide /Co-Gu	iide		
6)	Date	Month	Year	

ANNEXURE-V

CERTIFICATE

This is to certify that the work presented in this thesis entitled:				
"				
is the own work of Shri /Smt./Ku				
conducted in Department / Institute / College of				
under my supervision. This work has not been submitted earlier to any University/ Institution any diploma or degree.	tion for			
Date: (Name & Designation with Signature of	of Guide)			
Place :-				

ANNEXURE-VI

DECLARATION/UNDERTAKING

I hereby declare that the work presented in this thesis entitled :				
was carried out	by me under the supervision	n of		
is based on orig	to to ginal research and has not be f any diploma or degree.	This work which or any part of this work een submitted by me to any University/ Institution		
Date:		(Name with Signature of Candidate)		
Place :-				

ANNEXURE-VII

CERTIFICATE

This is to certify that Shri /Smt./ Ku.	has
presented his/her pre-submission seminar before the Committee	and the synopsis is approved
and forwarded to Research and Recognition Committee of	(Subject)
in the Faculty of	In the compliance
with the requirement of Direction No. 162 of 2013.	
(1)	(II CD CD I
(Name and Signature of Guide)	(Head of Place of Research)