



**ASSAM UNIVERSITY**  
 (A Central University established in 1994)  
 SILCHAR – 788011 (ASSAM)

*Affix latest passport size photograph duly attested by Principal of the College/ Head of the University Department last attended or by a gazetted officer*

**APPLICATION FORM FOR PROVISIONAL REGISTRATION FOR Ph.D DEGREE**

SUBMITTED TO THE DEPARTMENT OF .....

A ] Tick(✓) the box whichever is applicable for you.

- Qualified NET/ JRF/ GATE/ M.Phil.
- Teacher of AU Department/ affiliated college / permitted college.
- Teacher in college/ P.G. Department in any university other than AU.
- Scientist/ Professional.
- Candidate not falling in any of the above categories.

B] Department in which you intend to get registered: .....

C] Do you belong to Scheduled Caste (SC) or Scheduled Tribe (ST), OBC or Person with Disability (PWD) category (Enclose documentary evidence in support of your claim)

SC                       ST                       OBC                       PWD

D] Assam University Registration No.:

Registration No.  Year of registration

1. Name of the candidate. ....  
(in block letters)
2. Mother's name :.....
3. Father's name:.....
4. Date of Birth .....
5. Sex:    Male         Female
6. Permanent Address (in full) .....  
With PIN Code, Phone ( Mobile No.) and Email id.  
.....  
.....

(ii)

7. Present Address: .....

.....

.....

8. (a) Nationality:..... (b) Religion: .....

(Visa should be enclosed in case of foreign candidate)

9. Details of the Examination passed : ( Enclose documentary evidence for the entries in these columns)

Name of the Examination	Board/ University	Year of passing	Subject(s)	Marks		
				Obtained	Maximum	%
HSLC / Equivalent Examination of 10 <sup>th</sup> level						
HS/Equivalent Examination of 10+2 level						
Bachelor degree / Equivalent degree						
Master degree / Equivalent degree						
Any other degree.....						
IPP Course Work						

10. If there is any gap/ discontinuity in studies, state the reason(s) along with relevant documentary evidence.

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11. Name and address of institution from where you have passed the qualifying examination:

.....

12. Whether previously / presently employed? Yes  No

If yes, (i) Name of the Employer .....

(No Objection Certificate should be enclosed)

(iii)

13. Subject and field of specialization at Post-Graduate: .....
- .....
14. If M. Phil degree is already awarded, the title of the dissertation: .....
- .....
15. Publication ( if any ) : .....
- (attach separate sheets, if necessary)
16. Title of the proposed research work ( in block letters) .....
- .....
17. Synopsis on proposed research topic (Approx 1000 words to be enclosed): .....
18. (a) Name and designation of the Supervisor (proposed): .....
- (b) Name and designation of the Co-supervisor (proposed) if any: .....
19. Title Registration fee/ admission fee paid vide receipt No..... Dt.....
20. Whether previously or currently registered in any Ph.D Program in AU or any other university
- Yes  No
- If so, give the details .....

Date :.....

Signature of the candidate

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**RECOMMENDATION OF THE SUPERVISOR**

Certified that Shri/Smt. .... proposes to do research work under my supervision on the title stated in the application. I recommend his / her name for Provisional Registration for Ph.D program.

Date:.....

Signature of the Supervisor (proposed)

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**RECOMMENDATION OF THE BPGS**

The provisional registration of Shri/ Smt .....  
for Ph. D. programme is recommended vide BPGS resolution No..... dtd. ....

Date: .....

**HOD & Chairman BPGS**

Department of .....

**FOR OFFICE OF THE DEAN CONCERNED**

1. Name of the candidate: .....
2. Department: .....
3. Title of the proposed research work: .....  
.....
4. Name and designation of the External Experts who examined the proposal :  
  - (i) .....
  - (ii) .....
5. Date of approval of the school Board: .....
6. Condition(s) if any, attached by the School Board at the time of approval:  
.....
7. Result of Course Work Exam: .....

Date:.....

Signature of the Dean of the

School of.....

*(Office seal)*

**IMPORTANT INSTRUCTIONS TO CANDIDATE**

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|---|
| <ol style="list-style-type: none"><li>A. All entries must be in the candidates own handwriting.</li><li>B. The form should be duly filled in and complete in all respects.</li><li>C. Put tick (✓) mark wherever applicable.</li><li>D. The form should be submitted as per instruction of the concerned authorities.</li><li>E. The form should be accompanied by attested/ self attested copies of the following documents:<ol style="list-style-type: none"><li>(i) HSLC, HS, Degree and Master Degree Certificates.</li><li>(ii) Marksheets of all examination passed.</li><li>(iii) No Objection Certificate from employer, if employed.</li><li>(iv) Copy of A.U. Registration Certificate.</li><li>(v) SC/ST/OBC /PWD Certificate, if applicable.</li><li>(vi) Certificate of good health from a registered medical practitioner.</li><li>(vii) Certificate from Principal /HOD/ Gazetted Officer regarding intervening gap, if any, as mentioned at item No.10 in the application form.</li></ol></li><li>F. Application should be submitted in triplicate alongwith five copies of detailed research proposal and five copies of abstract of the proposal.</li></ol> |
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