



Full time Part time

SRI SIDDHARTHA ACADEMY OF HIGHER EDUCATION

APPLICATION FORM FOR Ph.D.

Faculty: MEDICAL DENTAL

Paste (do not pin) passport size photograph in this space and get it attested by Principal / Head of College / University last attended or a Gazetted Officer

Name:

Gender: M F

SC ST CAT-1 Others No. of years of experience: Industry Teaching Research

Qualification – Degree:

UG:.....PG:.....Specialization:.....

Number of Research papers: Patents: Awards: % of Marks at UG: % of Marks at PG:

Attach Separate sheet for details

Titles of the proposed course work (Detailed syllabus to be enclosed):

SL.No	Group	Code	Subject
1			
2			
3			
4			
5			
6			

Topic of Research proposed:

Telephone with STD Code / Mobile: _____ E-mail: _____ Date of Birth:

DECLARATION OF THE APPLICANT

I, _____, declare that the particulars furnished are true to the best of my knowledge and belief, I shall abide by all the prevailing and applicable rules and regulations of the University.

Signature of the Applicant

FOR OFFICE USE ONLY

Recommendation of the committee:

1. Recommended :

2. Recommended with conditions:

3. Rejected:

Name : _____

Designation: _____ Department: _____

Name of the College: _____

Area of Research: _____

No. of Publications: *Research papers* *Communicated* *Conference* *Technical Reports*
Book *Patents* *Awards* *No. of students Guided*

No. of Candidates registered: i) Ph.D, _____ : Other University _____
 ii) M.Sc. (Medical.) by Research : Other University _____

Grand Total: _____

Sl. No.	Name of the Candidate/s	Registered under VTU or any other University (Specify)	Year of Registration	Status (whether acting as guide or co guide)	Area of Specialization	Status of Progress of Research work					
						Status of Course work (No. of course works completed)	Comprehensive Viva-Voce completed (Y/N)	No. of papers presented / published if any (Give details)	Synopsis submitted (Y/N)	Thesis submitted (Y/N)	Final Viva Voice completed & awaiting for convocation (Y/N)
1											
2											
3											
4											
5											
6											

*Attach Separate sheet for details * Y – Yes, N – No.*

Signature of Head of the Institution

Signature of Guide

Name : _____

Designation : _____ Organization : _____

Area of Research : _____

No. of years of Experience: *Research* *Teaching* *Industry*
 No. of Publications : *Research papers* *Communicated* *Conference* *Technical Reports*
Books *Patents* *Awards* *No. of students Guided*

No. of Candidates registered: i) Ph.D, _____ : Other University _____
 ii) M.Sc. (Med.) by Research : Other University _____

Grand Total : _____

Attach Separate sheet for details

Sl. No.	Name of the Candidate/s	Registered under VTU or any other University (Specify)	Year of Registration	Status (whether acting as guide or co guide)	Area of Specialization	Status of Progress of Research work					
						Status of Course work (No. of course works completed)	Comprehensive Viva-Voce completed (Y/N)	No. of papers presented / published if any (Give details)	Synopsis submitted (Y/N)	Thesis submitted (Y/N)	Final Viva Voice completed & awaiting for convocation (Y/N)
1											
2											
3											
4											
5											
6											

*Attach Separate sheet for details * Y – Yes, N – No.*

Signature of Head of the Institution

Signature of Co – Guide

ADDRESS FOR CORRESPONDENCE WITH PHONE NUMBER AND EMAIL-ID

Applicant:

Pin Code

Research Centre

College: _____ Department: _____ Recognized: Yes No

D.D. for Rs. 2500/- No.: _____ Drawn on Bank _____ Date: _____

DECLARATION OF THE EMPLOYER

*This is to certify that the organization _____ has no objection in recommending the candidate of _____
_____ for carrying out research for his / her Ph.D/M.Sc. (Med.) by research at _____
_____ research centre on part time / full time basis. The information provided
by the Candidate is found correct as per our records.*

Signature of the Employer with seal.

UNDERTAKING FROM THE GUIDE

I, (Name & Designation) is a permanent Faculty in the Department ofin the College.....and is aged less than 62 years as on 15-01-2015 hereby certify that the candidate Mr./Mrs.....registering for.....degree under SSU is not my son/daughter/immediate blood relative and the total number of candidates registered under me in SSAHE and other Universities for both Ph.D. & M.Sc. (Med.) by research taken together, including this candidate is (.....)(in words and figures). The information provided above is true to the best of my knowledge.

Date:
Place:

Signature: _____

Forwarded by

Date: _____ Signature of the Principal/Director/Head of the Research Centre with seal of the college:

DECLARATION OF THE GUIDE/ CO-GUIDE(S)

I / We have no objection in guiding the said candidate in the proposed area of research at the designated research centre.

Signature of the Guide

Signature of the Co-Guide(s)

**Signature of the Head
Of the Institution where
the research work is proposed**

TECHNICAL APTITUDE TEST CENTRE

**Test Venue: Sri Siddhartha Institute of Institute of Technology
Maralur, Kunigal Road,
Tumkur – 572 105**

**Date: 23.08.2015
Time: 10.30 am to 1.30 pm**

ADDRESS FOR CORRESPONDENCE WITH PHONE NUMBER AND EMAIL - ID

Guide:

Pin Code

Mobile No:

E-mail:

Co-Guide-1:

Pin Code

Mobile No:

E-mail:

Note:

Documents to be enclosed (Check list):

Yes No

1. Tick (✓) the appropriate boxes.

i) Detailed bio-data of the candidate and guides

2. Enter the numbers in appropriate boxes like number of Awards etc.,

ii) Copies of UG/PG Degree certificates of the candidate.

3. Percentage is to be entered as considered for the award of the Degree

iii) UG, PG & Ph.D., certificate of the guide

for both UG and PG to the nearest integer.

iv) Details of course work.

4. The minimum prescribed qualification for a guide is Ph.D. in the relevant area

v) Synopsis (one copy only)

5. Incomplete applications shall be rejected

vi) D.D. for Rs.2500/- in favour of 'Registrar, SSAHE', payable at Tumkur, Karnataka.

6. In case more than one Co-guide is proposed, a separate sheet may be Attached.

Please Note: For details syllabus for Technical Aptitude Test visit our website www.sahetumkur.ac.in

Ph.D./M.Sc.(Engg)

File No: Office use only _____

Name of the Applicant: _____

Name of the Guide: _____

Research Centre: _____

Department: _____

Mobile No: _____ **Land Line** _____

OFFICE USE ONLY

Test Qualified: **Absent in Test** **Others** _____

1. Recommended 2. Recommended with condition 3. Rejected

1. Recommended 2. Recommended with condition 3. Rejected



Sri Siddhartha Academy of Higher Education

Paste (do not pin)
passport size
photograph in this
space and get it
attested by Principal /
Head of College /
University last
attended or a Gazetted
Officer

University Copy

Name: _____

Department: _____ Test Centre : Tumkur

Candidate Signature

Office use only

Test Centre:

Seat No:

Time: 10.30 am to 1.30 pm

Signature



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Signature