



University Road, Deralakatte, Mangalore, 575018, India
Phone & Fax: +91 824 2203943, +91 824 2203644 +91 824 2204668 Extn: 2037
Email: registrar@yenepoya.org, reachus@yenepoya.org
Website: www.yenepoya.edu.in

#### APPLICATION FOR ADMISSION TO Ph.D. PROGRAM 2024-2025 JULY 2024 BATCH

(To be filled in by the Applicant in BLOCK letters)

Applications should be routed through the proper channel – Head of department, Head of Institution

[Incomplete application will not be considered]

## <u>Last date for submission of the completed application with necessary documents on or before 4.00 pm on 30.03.2024</u>

Link for online application: https://forms.gle/GTaU1MJSxAfDSAiV9

Candidates who have applied online also need to submit the hard copy of the applications with all necessary documents on or before 4.00 pm on 30.03.2024

Da	te of submission of t	he application:				
<u>G</u> l	ENERAL INFORMA	ATION:				Passport size photo to be pasted here
1)	Name		:			
2)	Gender		:	Male/ Female		
3)	Date of Birth		:	DayMonth	Y	ear
4)	Place of Birth					
		Place	:			
		State	:			
		Country	:			
5)	Religion	-	: Hi	ndu / Christian / Muslin	n Any o	other (specify)
6)	Domicile certificate	e : Enclose atte	ested co	ppies (gazetted officer/	Princip	al/ HOD with

(Certificate which indicates nativity: Any one of the following - Domicile certificate

appropriate seal). Self attestation is not acceptable

(Nativity Certificate), Passport copy)

	(You have to enclosed ANY have enclosed	ONE among th	ese and mention here which one you
7)	Birth certificate: Enclose atteste seal). Self attestation is not account		eer/ Principal/ HOD with appropriate (Enclose copy)
8)	Category (enclose certificate) General / SC / ST / OBC/ Physic Enclose attested copies (gazette attestation is not acceptable	cally handicapped	
9)	Marital Status	: N	Married / Single
10	) Mother Tongue	:	
11	Nationality (Country of Origin)	:	
12	) Belong to which state in India	:	
13	) Passport No:	Valid Until:	Issued by:
(	(enclose Passnort conv) Atte	stad conias (aa	- attack after any Desire air all HOD suith
14	propriate seal). Self attestation is  If Indian Citizen, whether NRI  Father's Name		zetted officer/ Principal/ HOD with
14 15	oropriate seal). Self attestation is ) If Indian Citizen, whether NRI		zetiea officer/ Principai/ HOD with
14 15 16	oropriate seal). Self attestation is ) If Indian Citizen, whether NRI ) Father's Name		zetiea officer/ Principai/ HOD with
14 15 16 17	oropriate seal). Self attestation is  If Indian Citizen, whether NRI Father's Name Father's annual income		zetiea officer/ Principai/ HOD with
14 15 16 17	oropriate seal). Self attestation is  If Indian Citizen, whether NRI Father's Name  Father's annual income  Mother's Name  NOTE: for Father's and Moth	not acceptable : : : : eer's annual incomp	me: If working, enter the income, if arning income nor getting pension enter
14 15 16 17 18	Discrepriate seal). Self attestation is  If Indian Citizen, whether NRI Father's Name Father's annual income Mother's Name Mother's annual income NOTE: for Father's and Motheretired, enter the amount of pen	not acceptable : : : : : : : : : : : : : : : : : : :	me: If working, enter the income, if
14 15 16 17 18	Distribution of the seal of th	not acceptable : : : : : : : : : : : : : : : : : : :	me: If working, enter the income, if
14 15 16 17 18	Discrepriate seal). Self attestation is  If Indian Citizen, whether NRI Father's Name Father's annual income Mother's Name  NOTE: for Father's and Mothered, enter the amount of pen NIL. Guardian's Name (only if Father is	not acceptable : : : : : : : : : : : : : : : : : : :	me: If working, enter the income, if

	Pin	:
	Fax	:
	Phone	:
	Email	:
Permanent Address of the ap	plicant	:
	Pin	:
	Fax	:
	Phone	:
	Email	;
22. Location of residence	(tick the approp	oriate) : Rural / Urban
23. Details of Aadhar:		
a) Aadhar Number	:	
b) Name as in Aadhar	:	
c) Address as in Aadha	r :	
( <b>Aadhar copy</b> enclose a appropriate seal). Self a		attested by gazetted officer/ Principal/ HOD with acceptable)
24. Name and Address of Local Guardian (if any)		:
	Pin	:
	Phone	:
	Email	:
25) Blood Group		:

21) Official Address of the applicant

26)	Identifi	cation mark	:
27)	Referenc	es: (At least two person	holding responsible positions and not related to the Applicant)
	I)	Name	:
		Address	:
		Phone	:
		Email	:
		Fax	:
	II)	Name	:
		Address	:
		Phone	:
		Email	:
		Fax	
off	icer/ Prii	_	ications: NOTE: Please attach attested copies (gazetted oppropriate seal) of statement of marks in support of the not acceptable
1.		d officer/ Principal/ H	eaving Certificate (enclose marks card attested by HOD with appropriate seal). Self attestation is not
	• }	Year of Joining:-	
	• }	Year of Passing:-	
2.	• }	th appropriate seal). Year of Joining:-	sclose marks card attested by (gazetted officer/ Principal/ Self attestation is not acceptable)
	• )	Year of Passing:-	

3.	Graduate (enclose semester wise and consolidated marks card, Degree certificate attested by (gazetted officer/ Principal/ HOD with appropriate seal). Self attestation is not acceptable)  • Specialty (subjects):-						
	• Year of Joining :-						
	• Year of Passing :-						
	Institution Studied :-						
	• University:-						
	Percentage of Marks Obtained:-						
4.	Postgraduate degree, (i.e., Specialty: MA, MSc, MCom, MBA, MDS, MD, MS, MPT, MPharm, etc., as mention in your Post graduate degree certificate) enclose semester wise and consolidated marks card, Degree certificate; attested by gazetted officer/Principal/HOD with appropriate seal). Self attestation is not acceptable)  • Specialty (subject):-						
	• Year of Joining :-						
	• Year of Passing :-						
	• Institution Studied :-						
	• University:-						
	Percentage of Marks / CGPA obtained :-						
	NOTE: a)If the final marks is in CGPA, an University document where the formula for conversion to percentage of marks is specified should be also <b>enclosed.</b>						
	b) A copy of the syllabus of the Post graduate program of the University where the candidate has completed his/her post graduation or the link to the syllabus in the website of the University in the box provided below:						
	<ul> <li>Any other Additional Qualification (enclose marks card and certificate attested by (gazetted officer/ Principal/ HOD with appropriate seal. Self attestation is not acceptable)</li> </ul>						
	• Specialty:-						
	Year of Joining:-						
	• Year of Passing:-						
	• Institution Studied:-						
	• University:-						
	Percentage of Marks Obtained:-						
	<del>-</del>						

<ul> <li>No Objection Certificate from present employer (enclose original certificate)</li> </ul>
B. To be filled by applicants currently employed by institutes other than those affiliated to Yenepoya (Deemed to be University)
a. Name of the Institute:
d. Address of the Institute:
e. Category of the Institute where the applicant is employed (tick ( $$ ) only the appropriate)
Medical College / Dental College / Nursing College / Physiotherapy / Pharmacy Basic Sciences / Allied Health Professions / Ayurveda College / Homeopathy College / Naturopathy College / Arts and Social Science / Commerce and Management
f. Whether institute within India /Out side country (if so name the country)
g. Whether institute is a government organization/ not government organization:
h. Does the institute where the applicant is Yes/ No working have a post graduate program in the department the applicant proposes to work  If yes, mention the year in which the program was initiated.
NOTE: The department in which the external part time candidate is working should have a PG program in the subject or the Institute should have a research centre otherwise they are not eligible to apply for the PhD program
C) To be filled by applicants who are currently employed by institutes affiliated to Yenepoya (Deemed to be University)
The internal part time candidate who have joined to the concerned department and who have not completed one year of joining at the time of Ph.D. entrance exam they are not eligible to write the exam
Date of joining :
Name of the college from Yenepoya (Deemed to be University) :  Name of Institution last studied:
Traine of institution last studied.

#### II. DECLARATION BY THE APPLICANT

I wish to	o apply for a	dmission	to the P	h.D. Prog	gram (	of Yene	poya	(Deemed 1	o be
University	y), Mangalore,	as			(Fu	ıll-time	/ Inte	rnal Part-t	ime /
External	Part-time)	scholar	subject	(which	the	work	is	proposed	) in
				aı	nd I d	eclare th	nat to	the best o	f my
knowledg	e and belief, th	ne above p	articulars	are true. I	agree	that the	admis	sion is at the	e sole
discretion	of the manage	ement.							
may therea	gree, if admitted after be made is student of the interfere with the	for the adu	ministratio , I will no	on of the cot do anyth	ollege ing un	and host	el. I u	ndertake, so	long
Place	:								
Date	:					Appl	icant'	s Signature	

(Kindly submit the completed application with all the necessary documents as given in the check list and tick ( $\sqrt{\ }$ ) against 'yes' in the check list if the document is submitted

#### **CHECKLIST OF DOCUMENTS TO BE SUBMITTED**

1 recent passport size photo to be pasted + 2 copies attached : Yes/ No
Attested copy of Graduate degree certificate and marks cards : Yes/ No
Attested copy of Postgraduate degree certificate and marks cards : Yes/ No
Attested copy of SSLC and PUC marks cards : Yes/ No

Research proposal (3 copies) submitted (in triplicate) in prescribed format : Yes/ No

One soft copy of the Research proposal : Yes/ No
No objection certificate from present employer : Yes/ No

Attested copy of the domicile certificate, passport, birth certificate etc: Yes/No

For applicants who are employed at the time of submission of applicaton

Application is forwarded by (signature and seal)

Head of Department : Yes/ No
Head of Institution : Yes/ No

**Applicant + Registration fee Rs. 3500/-(Non- Refundable)** 

NOTE: Cash/ cheques / DD's are not accepted.

Link for Ph. D. application fee payment :- https://rzp.io/l/Tg4gVgITUL

Details of the application	ı fee payme	ent (after payment of the application fee) (enclose fee
receipt)		
a) Name of the ac	ecount holde	er from where the money is transferrd:
Ms. / Mr. /Dr.		
b) Reference num	ıber:	
c) Date of the mo	ney transfer	::
	<b>Ent</b>	rance Examination
Date	:	11.05.2024
Type of Questions	:	Questions with multiple choice answers.
Number of questions	:	60
Total Marks	:	60
Research Methodology	:	30
Subject specific	:	30
FOR OFFICE USE ONI	LY	
Application completed is	received on:	:
Checked by :		
Registration No : Receipt No :		
	ACKN	OWLEDGEMENT SLIP
(Please bring this	s slip with you	u when you are called for entrance and interview)
Received the completed	application	n for admission to the PhD Program, at Yenepoya
(Deemed to be University	ity), for the	e academic year 2024-2025 from Dr./ Mr. / Ms.
Allamad and the co		
Allotted application no.		Registrar Yenepoya (Deemed to be University)

## Calendar of Events of July 2024 batch

Sl. No.	Name of the Events	Date of the Events
1.	Call for the applications	01.02.2024
2.	Last date for submission of applications	30.03.2024
3.	Entrance examination	11.05.2024
4.	Announcing result of entrance examination	20.05.2024
5.	Interview (Preliminary)	27 <sup>th</sup> , 28 <sup>th</sup> , and 29 <sup>th</sup> .05. 2024
	Final Ph.D. Admission Committee Interview	10 <sup>th</sup> , 11 <sup>th</sup> , and 12 <sup>th</sup> .06 2024
		(Tentative dates)
6.	Course work reporting date	18 <sup>th</sup> and 19 <sup>th</sup> .06.2024
7.	Orientation Day	20.07.2024
8.	Course work start	22.07.2024

### FORMAT FOR THE PROPOSED WORK FOR Ph.D PROGRAM

# The proposal should be made using this format. Please do not fill the details in this page.

(TO BE SUBMITTED - ALONG <b>TRIPLICATE</b> )	WITH THE COMPLETED APPLICATION - IN
Name of the Applicant	:
Official Address	:
Permanent Address	:
Subject in which the work is propose	ed :
Proposed title of the research	:
•	he literature survey in brief and the significance of the proposed aim and objectives of the proposed work)
Proposed Aim	:
Proposed Research question, Object	tives, hypothesis:
Novelty and Social relevance of the	work :
Methods (Outline the experiments that	at you will use to test your hypotheses):
<b>Proposed timeline</b> (Summarize you project)	er work plan and milestones for completion of your
	fety Requirements (list the permits that are required mal ethics, biosafety permission, validation of tools if
NO SAMPLE COLLECTION / D. START OF THE PROJECT.	ATA COLLECTION CAN BE DONE TILL THE
PROBABLE REQUIREMENTS : E	quipment needed, Budget estimate
Signature of the applicant:	Date :