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APPLICATION FOR ADMISSION TO Ph.D. PROGRAM 2024-2025 JANUARY 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]

Last date for submission of the completed application with necessary documents on or before 4.00 pm on 30.09.2023

Link for online application: https://forms.gle/9u1ugwkA7mHDN2hv9

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 30.09.2023

Da	te of submission of the a	pplication:					
<u>G</u>]	ENERAL INFORMATI	ON:					Passport size photo to be pasted here
1)	Name		:				
2)	Gender		:	Male/ F	emale	•	_
3)	Date of Birth		:	Day	Month	Ye	ear
4)	Place of Birth						
		Place	:				
		State	:				
		Country	:				
5)	Religion		: Hind	du / Christ	tian / Muslim	ı Any o	ther (specify)
6)	Domicile certificate : Enclose attested copies (gazetted officer/ Principal/ HOD with appropriate seal). Self attestation is not acceptable (Certificate which indicates nativity: Any one of the following - Domicile certificate (Nativity Certificate), Passport copy) (You have to enclosed ANY ONE among these and mention here which one you have enclosed						

7)	Birth certificate: Enclose atteste seal). Self attestation is not acce		ficer/ Principal/ HOD with approp (Enclose copy)	priate
8)	General / SC / ST / OBC/ Physic	cally handicap		. Self
9)	Marital Status	:	Married / Single	
10) Mother Tongue	:		
11	Nationality (Country of Origin)	:		
12	Belong to which state in India	:		
13) Passport No:	Valid Until:	Issued by:	
15) If Indian Citizen, whether NRI) Father's Name	: :		
16) Father's annual income	:		
17) Mother's Name	:		
18) Mother's annual income			
	NOTE: for Father's and Mother	er's annual inc	come: If working, enter the incor	ne, if
	retired, enter the amount of pen NIL.	sion, if neither	earning income nor getting pension	enter
19) Guardian's Name (only if Father is	deceased):		
	Relationship	:		
	Profession of Father/ Guardian	:		
20	Annual income of the applicant	:		

21) Official Address		:
	Pin	:
	Fax	:
	Phone	:
	Email	:
Permanent Address		:
	Pin	:
	Fax	:
	Phone	:
	Email	:
22. Location of residence	(tick the approp	priate) : Rural / Urban
23. Details of Aadhar:		
,	:	
c) Address as in Aadha		
(Aadhar copy enclose a appropriate seal). Self a		attested by gazetted officer/ Principal/ HOD with t acceptable)
24. Name and Address of Local Guardian (if any)		:
	Pin	:
	Phone	:
	Email	:
25) Blood Group		:
26) Identification mark		:

27) References: (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	ficer/ Pi		cations: NOTE: Please attach attested copies (gazetted propriate seal) of statement of marks in support of the part acceptable	
1.		ed officer/ Principal/ H	aving Certificate (enclose marks card attested by OD with appropriate seal). Self attestation is not	
	•	Year of Joining :-		
	•	Year of Passing:-		
2.	P.U.C <i>HOD</i> v		lose marks card attested by (gazetted officer/ Principal/ lelf 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:-				
	• Year of Joining :-				
	• Year of Passing :-				
	Institution Studied :-				
	• University :-				
	Percentage of Marks Obtained:-				
4.	Postgraduate (enclose semester wise and consolidated marks card, Degree certificate; attested by gazetted officer/ Principal/ HOD with appropriate seal). Self attestation is not acceptable) • Specialty:				
	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 enclosed.				
	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:				
	 Any other Additional Qualification (enclose marks card and certificate attested by (gazetted officer/ Principal/ HOD with appropriate seal. Self attestation is not acceptable) 				
	• Specialty:-				
	Year of Joining:-				
	• Year of Passing:-				
	• Institution Studied:-				
	• University:-				
	Percentage of Marks Obtained:-				

 No Objection Certificate from present employer (enclose original certificate)
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 Insititute 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:

II. DECLARATION BY THE APPLICANT

I wish to	o apply for a	dmission	to the P	h.D. Prog	gram o	of Yene	poya	(Deemed t	o be
University	y), Mangalore,	as			(Fu	ıll-time	/ Inte	ernal Part-ti	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	ie above p	articulars	are true. I	agree	that the	admis	ssion is at the	sole
discretion	of the manage	ment.							
may there as I am a	gree, if admitted after be made the student of the student of the student of the student with the student of th	for the adu	ministratio , I will no	on of the cost do anyth	ollege ing un	and host	el. I u	ındertake, 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 (CD labelled) 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/I/Tg4gVgITUL

	ment of the application fee) (enclose fee						
receipt)							
a) Name of the account holder from where	Name of the account holder from where the money is transferrd:						
Ms. / Mr. /Dr							
b) Reference number:							
c) Date of the money transfer:							
Entrance Exan	<u>iination</u>						
Date : 20.11.	2023						
Type of Questions : Questi	ons with multiple choice answers.						
Number of questions : 60							
Total Marks : 60							
Research Methodology : 30							
Subject specific : 30							
FOR OFFICE USE ONLY							
Application completed is received on:							
Checked by :							
Registration No : Receipt No :							
ACKNOWLEDGEN	MENT SLIP						
(Please bring this slip with you when you are	called for entrance and interview)						
Received the completed application for admiss	on to the PhD Program, at Yenepoya						
(Deemed to be University), for the academic y	ear 2023-2024 from Dr./ Mr. / Ms.						
Allotted application no.	Registrar Yenepoya (Deemed to be University)						

Calendar of Events of January 2024 batch

Sl. No.	Name of the Events	Date of the Events
1.	Call for the applications	01. 08.2023
2. Last date for submission of applications		30.09.2023
3. Entrance examination 20		20.11.2023
4. Announcing result of entrance examination		01.12.2023
5.	Interview (Preliminary)	05.12.2023
	Final Ph.D. Admission Committee Interview	18.12.2023 (Tentative dates)
6.	Course work reporting date	18.01.2024
7.	Orientation Day	20.01.2024
8.	Course work start	22.01.2024

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 WITTRIPLICATE)	TH THE COMPLETED APPLICATION - IN
Name of the Applicant	:
Official Address	:
Permanent Address	:
Subject in which the work is proposed	:
Proposed title of the research	:
` `	terature survey in brief and the significance of the posed aim and objectives of the proposed work)
Proposed Aim	:
Proposed Research question, Objectives	s, hypothesis:
Novelty and Social relevance of the work	k :
Methods (Outline the experiments that yo	u will use to test your hypotheses):
Proposed timeline (Summarize your we project)	ork plan and milestones for completion of your
	Requirements (list the permits that are required ethics, biosafety permission, validation of tools if
NO SAMPLE COLLECTION / DATA START OF THE PROJECT.	A COLLECTION CAN BE DONE TILL THE
PROBABLE REQUIREMENTS: Equip	ment needed, Budget estimate
Signature of the applicant:	Date: