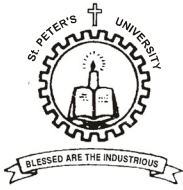


Application No.



St. Peter's University

St. Peter's Institute of Higher Education and Research

(Declared under section 3 of the UGC Act. 1956)

Avadi, Chennai - 600 054, Tamilnadu, India.

Phone : 044 - 26558080 / 81 / 82 / 83 / 84. Fax : 044-26555430

E-mail : registrar@stpetersuniversity.org / research@stpetersuniversity.org

Website : www.stpetersuniversity.org

Ph. D. REGISTRATION FORM

ACADEMIC YEAR 20 - 20

1st session from July / 2nd session from January

Full Time / Part Time (External / Internal)

Affix Recent
Passport Size
Colour Photograph

1. Mathematics	8. Automobile Engg.	15. Electrical & Electronics Engineering
2. Physics	9. Bio Medical Engg.	16. Electronics & Instrumentation Engg.
3. Chemistry	10. Bio Technology	17. Information Technology
4. English	11. Civil Engg.	18. Chemical Engineering
5. Computer Science	12. Mechanical Engg.	19. Production Engineering
6. Computer Applications	13. Computer Science & Engg.	20. Management Studies
7. Aeronautical Engg.	14. Electronics & Communication Engg.	

Note : put a ✓ mark against the department chosen

Eligibility : 10+2+3/4/+2 Scheme in the concerned discipline under full time studies

(To be filled in English)

- Name
(In Block Letter as in qualifying certificate) :
- (a) Gender : Male / Female / TG
- Date of birth (in christian era) & age :
(Enclose attested copy of the school leaving certificate as proof) :
- (a) Nationality :
(b) Religion :
(c) Social Status : OBC / SC / ST/ Others
(d) Community :

5. Name of Father / Guardian :
6. Name of Mother :
7. (a) Are you a single girl child ? :
- (b) Are you Physically Handicapped ? :
8. Blood Group :
9. Aadhaar No. :
10. Address for Communication with Pin code :
11. Mobile No. / e-mail ID :

12. Academic Qualification :

Degree / Diploma	Name of the School / College	Board / University	Major Subjects / Discipline	Percentage of marks / CGPA & class obtained
SSLC				
HSC				
UG Degree				
PG Degree				
M.Phil / Others				

13. Professional / Teaching Experience (till the present employment)

Organisation	Period		Designation	Nature of job
	From	To		

14. Awards/ Medals / Prizes and Honours conferred (if any) :
15. Major area of research proposed :
16. Tentative topic of research :
(Attach one page write up

17. DECLARATION BY THE CANDIDATE :

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief. I have read the Regulations for the M.Phil. Programme of the University.

Place :

Date :

Signature of the Candidate

Signature of the HoD (with Seal)

18. PART TIME (EXTERNAL) CANDIDATES

NO OBJECTION CERTIFICATE FROM THE HEAD OF THE ORGANIZATION

- 1) The candidate will be permitted to be available at St. Peter's University for fulfilling the requirements as per University Regulations.
- 2) The available facilities at our organization will be provided to the candidate for doing research.
- 3) There is no objection for the candidate to do research for Ph.D. in St. Peter's University.

Place :

Date :

Signature of the Candidate

Head of the Organization

Seal of the Organization :

19. CONSENT OF THE SUPERVISOR :

- (a) Name (in Block Letters) :
- (b) University Reference No. :
- (c) Designation, Department and Institution :
- (d) No. of Ph.D. Scholars supervising in St. Peter's University :
 - (i) As a Supervisor :
 - (ii) As a Joint Supervisor :
- (e) Panel of Names suggested for the Doctoral Committee in the discipline :
(Give six names, excluding Supervisor and Joint Supervisor)

Sl. No.	Name Designation and full address of Organisation	Qualification total Research Experience with field of Specialization	Phone / e-mail id
1.	SEPARATE SHEET MAY BE ENCLOSED		

Certified that the details furnished above have been verified and found to be correct and I am willing to supervise the candidate's research work.

Place :

Date :

Signature of Supervisor with seal

20. CONSENT OF THE HEAD OF THE DEPARTMENT IN THE UNIVERSITY

- a) Consent of the Head of the Department where the candidate is working (For Part Time (Internal) candidates only) Yes / No

Place : Signature :
Date : Name :
Department :

- b) Consent of the Head of the Department in the University where the candidate proposes to register for research work (For Part time (External) candidates) Yes / No

Place : Signature :
Date : Name :
Department :

- c) Approval of the Dean (R&D) Yes / No

Place : Signature :
Date : Name :

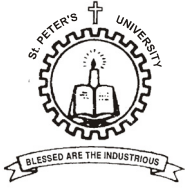
FOR OFFICE USE

1. Whether certificates verified :
2. Whether eligible for admission :
3. Marks obtained in entrance test :
3. Accepted / Rejected :

Signature of Dean (R&D)

Registrar

Application No.



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E-mail : registrar@stpetersuniversity.org / research@stpetersuniversity.org

Website : www.stpetersuniversity.org

M. Phil REGISTRATION FORM (FULL TIME)

IN THE DEPARTMENT OF

ACADEMIC YEAR 20 - 20

Affix Recent
Passport Size
Colour Photograph

M. Phil. Programmes			
1.	Mathematics		5. Computer Science
2.	Physics		6. Computer Applications
3.	Chemistry		7. Bio Technology
4.	English		8. Management Studies

Note : put a ✓ mark against the department chosen

Eligibility : 10+2+3/4/+2/3 Scheme in the concerned discipline under full time studies

(To be filled in English)

1. Name
(In Block Letter as in qualifying certificate) :
2. (a) Gender : Male / Female / TG
3. Date of birth (in christian era) & age :
(Enclose attested copy of the school leaving certificate as proof) :
4. (a) Nationality :
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9. Aadhaar No. :
10. Address for Communication with Pin code :
11. Mobile No. / e-mail ID :

12. Academic Qualification :

Degree / Diploma	Name of the School / College	Board / University	Major Subjects / Discipline	Percentage of marks / CGPA & class obtained
SSLC				
HSC				
UG Degree				
PG Degree				
Others				

Enclose attested copies of the certificates.

13. Major area of research proposed

14. DECLARATION BY THE CANDIDATE :

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief. I have read the Regulations for the M.Phil. Programme of the University.

Place :

Date :

Signature of the Candidate

Signature of the HoD (with Seal)

15. CONSENT OF THE HEAD OF THE DEPARTMENT AND THE DEAN (R&D)

- a) Consent of the Head of the Department where the candidate proposes to register

Yes / No

Place :

Signature :

Date :

Name :

Department :

- b) Approval of the Dean (R&D)

Yes / No

Place :

Signature :

Date :

Name :

Department :

FOR OFFICE USE

1. Whether certificates verified :
2. Whether eligible for admission :
3. Marks obtained in entrance test :
4. Accepted / Rejected :

Signature of Dean (R&D)

Registrar