



MANONMANIAM SUNDARANAR UNIVERSITY,

TIRUNELVELI, - 627 012

TAMILNADU

Ph.D Registration

Center for Research

I. Instruction to Candidates:

1. Candidates are instructed to read the Revised Regulations (w.e.f. July 2016) for Ph.D Programme given in our Official Website: www.msuniv.ac.in
2. Qualifying Examination is mandatory for those having only PG Degree.
3. Candidates with M.Phil /JRF/GATE/SET/NET. Qualifications are exempted from appearing Qualifying Examinations.
4. A pass in the Qualifying Examination is valid for one year.
5. All candidates may apply for Ph.D Registration throughout the year with all necessary documents and fees. But the registration process would be done twice in a year. ie, July & January(except for fellowship candidates)
6. Application for Qualifying Examination and Ph.D Registration are separate.
7. Candidates appearing for Qualifying Examination should submit their Ph.D Registration form only after declaration of result as qualified.
8. No candidate can register under an External Guide i.e., Guides who are not working in the Manonmaniam Sundaranar University Departments/Colleges affiliated to Manonmaniam Sundaranar University.
9. Candidates Outside Tamilnadu and Pondicherry are eligible to apply only for Full Time and they are not eligible to apply for Part Time External (Category B)

II. Fees:

- (a) Registration Fee : Rs.1500/-
- (b) The fee can be paid either through DD in favour of the "The Registrar, M.S. University" payable at Tirunelveli (or) through Challan in Indian Bank, M.S. University Branch (or) through Challan in State Bank of India, Power Jyoti Account to MSU A/c No. 3272360944.

III. Submission of Ph.D Registration Form:

Filled in Ph.D Registration form along with necessary attested photocopies of the Certificates and Fees should be sent to "Director- Center for Research , Manonmaniam Sundaranar University, Tirunelveli – 627 012".



CENTRE FOR RESEARCH

MANONMANIAM SUNDARANAR UNIVERSITY, TIRUNELVELI -12

1. Degree :
2. Name :
In English :
In Tamil :
3. Father's/Husband's Name :
4. Date of Birth :
5. Gender :
6. Marital Status :
7. Community :OC/BC/BCM/MBC/DNC/SC/ST/SCA
8. E-Mail :
9. Mobile No :
10. Nationality :
11. Category : Full Time/ Part Time Internal / Part Time External
12. Discipline :
13. Are You Physically (or)
Visually Challenged : Y / N
If Yes mention the nature of disability with %
14. Contact Details

Photo should be
attested by the HOD/
Head of Research
Centre

Office Address	Residential Address

15. Name of the Supervisor :
 Name of the Department :
 Name of the College :
16. Name of the Joint Supervisor :
 Name of the Department :
 Name of the College :

17. Academic Background (Starting from the latest degree obtained):

Sl.No.	Qualification	Branch	Mode	College & University	Year of Passing	% of Marks/CGPA
1.						
2.						
3.						
4.						
5.						

18. Have you passed NET/SET/JRF/GATE examination
 (if yes, attested Photo copy of relevant document)

19. Professional Experience (Starting from the Present Employment)

Sl. No.	Designation	College / Organization	Work Period	Regular/ Temporary/ Contract	Total Years
1.					
2.					
3.					
4.					
5.					

20. Details of current employment :

Address of the employer :

Nature of employment :

Pay Scale & Working Since :

21. Tentative title of the proposed
Research topic :

22. State whether the field of your research
is Interdisciplinary :

23. If yes, mention the Disciplines Involved :

(Attach a letter of Justification)

24. Fees Details:

Fees Details					
D.D/Challan	Amount	D.D/Challan No	Date	Name of the Bank	Branch

DECLARATION BY THE CANDIDATE

I hereby declare that the particulars furnished in this application are true and correct to the best of my knowledge and belief. In case any particulars furnished in this application are found incorrect, I agree to forfeit my registration, no matter at what stage of the course I will be at that time. I also abide the rules and regulations of the Ph.D programme of Manonmaniam Sundaranar University then and there, which will be uploaded in the University website: www.msuniv.ac.in

I am aware that the University Grants Commission (UGC) has fixed 55% of marks as the minimum eligibility for appointment as Assistant Professor in Colleges and Universities.

Date :
Place :

Signature of the Candidate

Enclosures (Please Tick)	
1.	Attested photocopy of M.Phil Mark Statement and Degree Certificate
2.	.Attested photocopy of P.G. Mark Statement and Degree Certificate.
3	Attested photocopy of U.G. Mark Statement and Degree Certificate.
4	Attested Copy of H.Sc or Equivalent
5	Attested Copy of 10 th or Equivalent
6	Attested Copy of Last Transfer Certificate
7	Attested Copy of Community Certificate
8	Attested photocopy of Certificate/document for having passed NET/SET//JRF/GATE Examination.
9	Attested photocopy of the communication issued for granting Teacher Fellowship.
10	One page Abstract of research topic signed by the candidate, supervisor and co-supervisor(if any)
11	Recognition Certificate obtained from the Controller of Examinations, Manonmaniam Sundaranar University (for the degrees obtained from other University Candidates).
12	Service Certificate from the Employer (Certificate should be issued by the competent Authority if P.T)
13	No Objection Certificate from the Employer (issued by the present Employer)
14	The Declaration Certificate from the Head of Research Centre (Format given)
15	The consent letter from proposed Guide for registering the applicant under his/her Guidance in the vacancy, furnishing details of candidates so far registered under his/her Guidance. (Format given)
16	The consent letter from proposed joint supervisor for registering the applicant under his/her Guidance in the vacancy, furnishing details of candidates so far registered under his/her Guidance(Format given)
17	Attested photocopy of Guide ship Recognition Orders of this University
18	A Letter of confirmation from the Proposed Supervisor that he/she is registering the Candidate only in the vacancy, without exceeding the maximum limit stipulated for registration of candidates, under his/her Guidance. (Format given)

25. Supervisor Details (To be filled by the Supervisor)

Name	
Designation	
Nature of Appointment	
Department	
College / University/ Organization Address	
Mobile No	
E-Mail Id	
Date of Birth	
Actual Date of Retirement	
Date of Superannuation	
Area of Specialization	
Discipline of guide ship (Vide MSU Communication No. _____ dated _____)	

I/ We hereby declare that the proposed research topic

has not been done earlier for the award of Ph.D degree in this university or any other university.

Signature of the Supervisor
Name with Seal

Details of Scholars doing research under his/her guidance as Supervisor/Joint Supervisor (if applicable)

Sl.NO	Name of the Scholar	Reg.No	Full – Time/ Part-time	Discipline	Year/Session	Supervisor/ Joint Supervisor	Status
1							
2							
3							
4							
5							
6							
7							
8							

(Research status – Attending Course works / Registration Confirmed / Synopsis / Thesis Submitted)

Certified that I have listed all the research scholars registered under my guidance as Supervisor / Joint supervisor

CERTIFICATE TO BE FURNISHED BY THE Supervisor

I, _____ working as _____ in
 _____ agree to serve as Supervisor for Mr. /Ms _____ for
 his/her Full Time/Part-time Internal (A) /Part-time External (B) Ph. D Research Programme.
 His / Her discipline is: _____

Signature of the Supervisor
 (Name with seal)

26. Joint Supervisor Details(To be filled by the Joint Supervisor)

Name	
Designation	
Nature of Appointment	
Department	
College / University/ Organization Address	
Mobile No	
E-Mail Id	
Date of Birth	
Actual Date of Retirement	
Date of Superannuation	
Area of Specialization	
Discipline of guide ship (Vide MSU Communication No. _____ dated _____)	

Details of Scholars doing research under his/her guidance as Supervisor/Joint Supervisor (if applicable)

Sl.NO	Name of the Scholar	Reg.No	Full –Time/ Part Time	Discipline	Year/Session	Supervisor/ Joint Supervisor	Status
1							
2							
3							
4							
5							
6							
7							
8							

(Research status – Attending Course works / Registration Confirmed / Synopsis / Thesis Submitted)

Certified that I have listed all the research scholars registered under my guidance as Supervisor / Joint supervisor

Signature of the Joint Supervisor

(Name with seal)

**Certificate from University Department /Research Centre
Where the Candidate is employed**

Service / No Objection Certificate

Certified that Mr./Ms./Mrs. _____ is employed as (Designation) _____ in the (Department /Institution) _____ of (College / Organization) _____ from _____ to _____. The College / Organization has no objection to forward his / her application for admission to Ph. D. Programme.

Signature of the Head of the Institution with Seal

Relieving Order to the employed candidates

FOR Full Time:

The employee will be sanctioned study leave for the minimum duration of the research programme and will _____ be relieved from duty from _____ to _____ in order to undertake Full-time research work in the University Departments/recognized research centers. The necessary relieving order will be given during admission.

Signature of the Head of the Institution with Seal

Certificate from Research Centers

FOR PART-TIME:

The employee will be permitted to undertake Part-time research in the University Departments/ Research Centers and he/she will be permitted to be present for attending course works, discussion with the supervisor, conduct experiments and participate in seminars and research related discussion.

Further, the required facilities at our Institute/ organization will also be provided to the employee for doing research.

(Strike out whichever not applicable)

Place :
Date :

**Signature of the Head of the
Research Centre with Seal**

**Signature of the Head of the
University Department with seal**

**Signature of the
Principal with office seal**

List of Proposed Doctoral Committee Members for Ph.D Programme

Name of the Candidate :
 Research Topic :
 Supervisor :
 Joint Supervisor :

Subject Experts/ Members from Manonmaniam Sundaranar University and affiliated colleges

S.No	Name with Address	Area of Specialization
1	Name : Designation : Department : College/Institution : Place & Pincode : Mobile No : E-Mail :	
2	Name : Designation : Department : College/Institution : Place & Pincode : Mobile No : E-Mail :	
3	Name : Designation : Department : College/Institution : Place & Pin code : Mobile No : E-Mail :	

Signature of the Supervisor
(Name with Seal)

Signature of the Joint Supervisor
(Name with Seal)

Signature of the HOD /Principal
of the Research Center
(Name with Seal)

(Subject Experts/ Members from other University/ Institutions (Preferably from nearby University/colleges))

S.No	Name with Address	Area of Specialization
1	Name : Designation : Department : College/Institution : Place & Pincode : Mobile No : E-Mail :	
2	Name : Designation : Department : College/Institution : Place & Pincode : Mobile No : E-Mail :	
3	Name : Designation : Department : College/Institution : Place & Pincode : Mobile No : E-Mail :	

Signature of the Supervisor
(Name with Seal)

Signature of the Joint Supervisor
(Name with Seal)

Signature of the HOD /Principal
of the Research Center
(Name with Seal)