

**FORM-I**

*Application form for Admission to Ph D Programme*



**Satavahana University  
Karimnagar – 505001, T.S**

***(To be filled in by the candidate)***  
**Session 2018 - 2019**

**Form no....**

Fix a signed  
Passport  
size  
Photograph

Draft No \_\_\_\_\_ Date \_\_\_\_\_ for Rs \_\_\_\_\_

Drawn at \_\_\_\_\_

Department/Centre to which Ph.D. admission is sought: \_\_\_\_\_

- 1.Name of candidate (in block letter) :
2. Father's name/Husband's name :
- 3.Permanent address (in full) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Postal address (for communication) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Mobile No : \_\_\_\_\_
6. Email : \_\_\_\_\_
- 7.Date of birth :
8. Nationality :
9. Whether belongs to SC/ST/OBC (NCL)/PWD :
10. Gender (Please tick  $\sqrt{\quad}$ ) : Male / Female

11. Educational qualification SSC onwards(submit attested copies of all testimonials):

<b>Name of Examination</b>	<b>Year</b>	<b>School/College Board/University</b>	<b>% of marks/ Grade points</b>	<b>Div./ Class</b>	<b>Subject/ Specialization</b>

12. Teaching/ Research experience:  
(Mention level of teaching-UG/PG/College/Institute/ Courses taught/ Area of research)

13. Tick the category of candidature sought:

Full time:       Sponsored:       Part Time :       Project:

14. Seminar /workshop/conference attended after post graduation: (Separate list must be enclosed)

15. If employed, details of employment:

<b>Organisation</b>	<b>Duration</b>	<b>Position: Regular/temp</b>	<b>Nature of duties</b>

16. If employed, whether leave will be granted/ already granted: (No objection certificate from the employer to be enclosed)

17. Specialized training(if any) :

18. Scholarship/fellowship awarded for research (if any):

19. Qualified for NET/GATE or similar with year ( Enclose Certificate) :

20. List of publications (if any) :

21. Whether hostel accommodations required or not:

22. Extracurricular activities(Attach certificate ):

**Declaration**

I certify that the information given above are correct/true to the best of my knowledge. If anything is proved to be wrong my admission may be cancelled. If admitted I shall abide by the University rules and regulations

Date:

Place:

Signature of the candidate

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**Supervisor's Consent**

I hereby give my consent to supervise the research work (Ph.D) of  
Mr/Mrs/\_\_\_\_\_with the research topic

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At Faculty of\_\_\_\_\_, Department\_\_\_\_\_

Satavahana University, Karimnagar.

Signature of the Supervisor :

Name :

Designation :

**DEAN**



**Ph.D Admission Receipt  
Satavahana University  
Karimnagar – 505001, T.S**

Date:

Name of the Candidate : \_\_\_\_\_

Faculty : \_\_\_\_\_

Department : \_\_\_\_\_

Amount Paid : \_\_\_\_\_

DD Number and Date : \_\_\_\_\_

Name of the bank drawn : \_\_\_\_\_

**DEAN / PRINCIPAL**