Office Ref. No	
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https://crescent.education/research		out-us/admissions/admission	n-to-ph-d/	
APPLICATION	FOI	R ADMISSION TO Ph.	D. PROGRAMME	
Full Time				
Part Time				
Full Time	wit	h Fellowship		
Department / School for Re	gis	tration:		
	:			
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2. Date of Birth (DD/MM/YY	) :		Age :	Passport - size Photograph
3. Gender	:	Male / Female		
4. Nationality	:	Indian / Foreign		
5. If Foreign National,		Country		
		Passport No		
6. Social Status	:	ST / SC / MBC / BC /	ОС	
7. Marital status	:	Married / Unmarried		
8. Contact details	:			
Telephone		Mobile No.	Email	
(with STD code)			(Official & Pe	ersonal)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
a) Office Address		b) Resid	dential Address	

c) Address for communicat	ion :	Office / Residence
9. Type of Registration:		
Category	Sponsored	Not sponsored
Full Time		
Part Time		
b) If Part Time, what catego	ory:	
i) Institute staff	ii) Other Co	olleges / Universities
iii) Industry (Govt.)	iv) Industr	y (Pvt.)
v) Research Centre		
vi) Others	(Specify) .	

## 10. Details of Academic Record:

S.No	Degree	Discipline	Full Time / Part Time/	University / College	Month &Year of passing	% of Marks / CGPA	Class
1	UG						
2	PG						
3	M.Phil.						
4	Others						

a) Bad	chelor's Degree	Э					Discip	oline:			
Semes	ter	I	Ш		III	IV	V	V	I	VII	VIII
	tage of marks obtained										
b) Ma	ster's Degree:						Discip	oline:			
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	tage of marks / obtained	/									
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15. Proposed Major Area for Ph.D.programme:

14. Details of Publications in refereed Journal: (Attach Separate Sheet, if required)

- 16. Tentative Research topic (A one page write up of the proposed research with signature of candidate should be enclosed)
- 17. Particulars of Payment#: (For more details, Please refer to Ph.D. Admission Information Brochure)

Payment Done by	Name of the Bank & Branch	Bank Reference No. for Payment	Date	Amount	DD / Online Payment Receipt Enclosed
D.D. No.					Yes / No
Online*					Yes / No

<sup>\*</sup> Net banking / Credit Card / Debit Card / UPI Payments # Mandatory

18. List of enclosures :
i) Attested copies of mark sheets / ii) Employer's certificate (NOC) Grade cards (U.G & P.G)
iii) Passport size photo (4 Nos) iv) One page write up
vi) Whether DD / Online Payment Receipt enclosed
vii) Others if any (specify)
DECLARATION
I hereby certify to the best of my knowledge and belief that the particulars given above are true, correct and complete. I am aware that any wrong information of suppression of information and facts may result in punitive action in addition to cancellation of my candidature for Ph. D programme admission.
Place:
Date :
Signature of Candidate

## **Annexure I**

## **CERTIFICATE of EMPLOYMENT and NO OBJECTION**

1.	Certified that Mr / Mrs / Ms is employed as in the Department of/ Industry
	regular employee.
2.	While forwarding his / her application, it is certified that, the <b>Organization</b> (Institute / Industry) has <b>NO OBJECTION</b> for him / her to permit and pursue Ph. D. programme at B.S. Abdur Rahman CRESCENT Institute of Science and Technology (BSACIST), Vandalur, Chennai – 600 048.
3.	The Organization is aware of the duration of the Ph.D. programme as <b>Three (Min.) - Six (Max)</b> years.
4.	As the applicant will be pursuing Ph.D programme on Part time basis, he / she will be permitted to be available in the Institute (BSACIST) for discussions with the supervisor on biweekly basis, attending course works in one / two semesters, conducting experiments, participation in seminars, conferences etc., and all related discussions whenever it is required. Further, the required facilities will be provided at our Organization to the applicant for doing research.
5.	Continuous monitoring of research progress of the scholar will be done in the Organization by us based on the copy of the semester progress report submitted by him / her.
6.	The scholar, while pursuing (Ph.D.) submits a resignation form, it will be considered only, if it is forwarded through the Institute (BSACIST). When he / she is relieved from the job, the information will be sent to B.S. Abdur Rahman Crescent Institute of Science & Technology, immediately by the Organization.  Signature of the Head of the Organization with office seal
	Name:
	Designation:
	Name of the organization:
	Place: Date: