



# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited '**A**' Grade by NAAC (2<sup>nd</sup> Cycle)

Placed in **Category 'A'** by MHRD (GoI)

Annexure-II

Right of Admission/Registration Reserved

**APPLICATION FOR REGISTRATION AS RESEARCH SCHOLAR  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.) PROGRAM IN THE  
FACULTIES OF HEALTH SCIENCES / FACULTY OF SCIENCE (INTER DISCIPLINARY) RESEARCH**

1. Name of the candidate	
2. Qualification	
3. Date of Birth	
4. Gender	
5. Name of the Father	
6. Name of the Mother	
7. Marital status	
8. Department / Institution in which presently working	_____ _____
9. Religion & Caste	a) Religion : _____ b) Caste : _____ c) Category : _____ (SC/ (ST/OBC/Minority/General) enclose caste certificate copy
10. Address for correspondence	_____ _____ _____ _____ PIN _____

**Contact details:**

Office : \_\_\_\_\_ STD \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Residence : \_\_\_\_\_ STD \_\_\_\_\_ E-mail : \_\_\_\_\_

Aadhar Card No: \_\_\_\_\_



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## 11. Registration Details of the Ph. D. Programme selected for:

i) Faculty – : \_\_\_\_\_  
[Medicine/Dentistry/Pharmacy/Ayurveda /Other Discipline / Inter-disciplinary]

ii) Full time / Part time : \_\_\_\_\_

## 12. Particulars of the Research Proposal :

a) Areas of Research :

b) Broad area of the proposed Ph.D. research work:

c) Place / Institute where proposed :  
research work will be carried out

d) Summary of the proposed research work (not more than 750 words)

Note: Give Summary as Annexure in typed form duly signed by the candidate.

## 13. Recommendation of the Forwarding Authority:

The application of Prof. / Dr. / Shri / Ms. \_\_\_\_\_ working as \_\_\_\_\_ in this College / Institution for registration as Research Scholar for the Doctor of Philosophy (Ph.D.) Program has been forwarded to the KAHER for further consideration. The above information submitted by the candidate has been found to be correct. The application has been scrutinized and found to be in order and permitted for Registration of Doctor of Philosophy.

Date: \_\_\_\_\_

Signature of the  
Head of the Dept.  
(If Applicable)

\_\_\_\_\_  
Signature of the  
Head of the College/Instn.

## DECLARATION OF THE CANDIDATE

I hereby declare that the information furnished by me as stated above is correct and I shall abide by all the Rules and Regulations of the Ph.D. Program of the KAHER. In case of my selection for the Ph.D. Program, I agree to pay the fees prescribed by the KAHER every year within the stipulated time until the completion of my course.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature