

Regd. No.

Application No.....

St. PETER'S UNIVERSITY

St. Peter's Institute of Higher Education and Research

(Established under section 3 of the UGC Act 1956)

College Road, Avadi, Chennai - 600054, Tamilnadu.

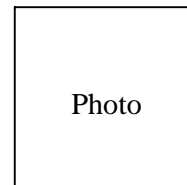
Ph : 044 - 26558080-84. Email: spiher@stpetersuniversity.org ,

admissions@stpetersuniversity.org

Website: www.stpetersuniversity.org

Ph.D. REGISTRATION FORM

1. Name (in Block Letters) :
2. Sex : Male/Female
3. Address :



Telephone:

Mobile:

Email:

4. Date of birth & age :
5. Nationality :
6. Category :
 - (a) Full time
 - (b) Part time (internal)
 - (c) Part time (external)
7. Are you employed? Yes/No
If yes, specify the following
Name and address of the Employer :

8. Academic Background (Start with the latest Degree obtained))

Degree/ Diploma	Year of passing	College & University	Major Discipline	Percentage of marks/CGPA & class obtained

Enclose attested copies of degree and marks certificates.

9. Professional Experience (Start from the present employment)

Organisation	Period		Designation	Nature of job
	From	To		

10. Awards/Medals/Prizes and Honours conferred (if any) :

11. Major area of Ph.D. Research proposed:

12. Tentative topic on which the research is proposed to be conducted :
(attach one-page write up on this topic)

13. FULL TIME/PART TIME (INTERNAL) CANDIDATES ONLY

(i) Faculty and Department in which the candidate is working:

(ii) Faculty and Department in which the candidate proposes to register :

(iii) Name, Designation and address of the Supervisor :

14. PART TIME (EXTERNAL) CANDIDATES FROM INDUSTRY ONLY

Name, Designation and address of the Joint Supervisor :

15. DECLARATION OF THE CANDIDATE :

This is to certify that the particulars given above are true, correct and complete to the best of my knowledge and belief.

Place:

Signature of the Candidate

Date:

16. PART TIME (EXTERNAL) CANDIDATES FROM INDUSTRY ONLY

CERTIFICATE FROM THE HEAD OF THE ORGANIZATION

- 1) The candidate will be permitted to be available, at St. Peter's University for fulfilling the residential requirements as per University Regulations.
- 2) The required facilities at our organization will be provided to the candidate for doing research.
- 3) The candidate will be permitted to be available at St. Peter's University, whenever required by the Supervisor to have discussions with him, to attend to the prescribed course works, to conduct experiments and to participate in Seminars.

Name of the Joint Supervisor :

Designation :

Signature of the
Joint Supervisor

Signature of the
Head of the Organisation

Place :

Date :

Seal of the Organisation:

17. CONSENT OF THE SUPERVISOR :

(i) **SUPERVISOR :**

(a) Name (in Block Letters) :

(b) University Reference No.:

(c) No. of Ph.D. Scholars supervising :

(i) As a Supervisor :

(ii) As a Joint Supervisor :

(d) Panel of Names suggested for the Doctoral Committee ;
(Give at least six names, excluding Supervisor and Joint Supervisor)

Sl. No.	Name & Designation	Area of research interest	Address (including Tel. No., Fax, Email ID)
1.			
2			
3.			
4.			

5.			
6.			

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

(ii) JOINT SUPERVISOR (For part time (external) candidates where required):

- (a) Name (in Block Letters) :
- (b) University Reference No.
- (c) No. of Ph.D. Scholars supervising :
 - (i) As a Supervisor :
 - (ii) As a Joint Supervisor :

Certified that I am willing to supervise the candidate's research work.

Place:
Date:

Signature of Joint Supervisor

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

- 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 where the candidate proposes to register for research work (For candidates other than Part time (External) from industry) Yes/No

Place: Signature
Date: Name
Department

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

Place: Signature:
Date: Name:

St. Peter's University
St. Peter's Institute of Higher Education & Research

**(Declared under Section 3 of the UGC Act, 1956)
College Road, Avadi, Chennai 600054**

Application for recognition as a Supervisor/Joint Supervisor

1.	Name (in capital letters) :			
2.	Designation :			
3.	Date of Birth & Age			
4.	Contact address with phone/mobile/Email :			
5.	Qualifications (from undergraduate degree onwards) :			
	Name of degree	Specialisation (major)	College and University	Month & year of passing; class obtained
6.	Title of Ph.D. Thesis with discipline			
7.	No. of research papers published in accredited/ indexed journals (Enclose full list of publications) :			
8.	No. of books published/invited chapters contributed (enclose list) :			
9.	Total teaching experience :			
10.	Total research experience :	Before Ph.D.:	After Ph.D.:	
11.	Positions held :			
	Name of institution	From	To	
12.	Subject/discipline in which you propose to guide for Ph.D.			
13.	Whether already recognized as Ph.D. Supervisor by any institution if so give details:			

Signature of the Head of Institution
(where the applicant is presently working
with designation and seal)

Signature of applicant
(with seal & date)

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Format for Six monthly Progress Report to be submitted by Candidates
(Full time/part time candidates)

- i. The progress reports shall be submitted by the candidate before the Doctoral Committee accompanied by a report by the candidate about the work carried out during the period of this report (in about 300 words). The same shall be duly signed by the Supervisor and Joint Supervisor (if applicable).
- ii. One copy is to be detained by the Supervisor, one copy by the candidate and one copy to be submitted to the Dean (R&D) once in six months, immediately after placing before the Doctoral Committee constituted for the candidate.

Note: Failure to submit two consecutive six monthly progress reports will entail the cancellation of registration of the candidate by the Vice Chancellor on a report made by the Supervisor and/or the Dean (R&D) in this behalf.

1. Particulars about the candidate :	
a) Name : b) Designation : c) Institution where working : d) Period of the report : e) Date of provisional registration with University reference :	
2. Registration Details :	
a) Category of registration : b) Has the provisional registration been confirmed : c) If yes, give University approval reference:	
3. Particulars of the Supervisor :	
a) Name : b) Designation : c) Institution where employed :	
4. Particulars of the Joint Supervisor : (if any)	
a) Name : b) Designation : c) Institution where employed :	
5. Particulars of the Doctoral Committee Members :	
1. Name : Designation : Institution where employed :	

2. Name : Designation : Institution where employed :	
6. Name of Department / Institution where research is conducted :	
7. Area of work and tentative title of the proposed thesis :	
8. Details of progress of research : a) Whether the candidate's report in quadruplicate is enclosed : b) Whether papers have been published (if yes, furnish details) : c) Whether seminars/conferences attended d) Whether completed the prescribed course work (if yes, how many) :	
9. Has the annual research fee been paid for the year(s) :	

Date :
Place :

Signature of candidate

10. Remarks of the Supervisor :	
a) Attendance :	Satisfactory / Not Satisfactory
b) Progress :	Satisfactory / Not Satisfactory
c) Expected time of completion of thesis :	

11. Whether the Supervisor agrees with the scholar's report (if no, please give reasons) :

12. Whether the Joint Supervisor agrees with the scholar's report (if no, please give reasons) :

I/We hereby certify that the candidate has put in necessary attendance and shown progress in his/her research and he/she may be permitted to continue research.

Date :
Place :

Signature of Supervisor
Name:

Date :
Place :

Signature of Joint Supervisor
Name:

Date :
Place :

Signature of DC Member
Name:

Date :
Place :

Signature of DC Member
Name:

MODEL FOR COVER AND TITLE PAGE OF THE Ph.D. THESIS

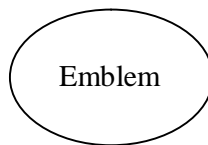
Title of the thesis

Thesis submitted for the degree of Doctor of Philosophy (Ph.D.)

By

.....
(Name of the candidate)

Name of the Department



St. Peter's University
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Avadi, Chennai 600054, India

Month and Year

Format of Declaration Certificate by the candidate to be included in the Thesis (in all copies)

I declare that the thesis entitled
.....submitted by me for the degree of
Doctor of Philosophy (Ph.D.) is the record of research work carried out by me during the period from
..... to under the guidance of
..... and the co-guidance of
(wherever applicable) and has not formed the basis for the award of any degree, diploma
associateship, fellowship, titles in this or any other University or other similar institution of higher
learning.

Date:

Signature of the candidate

Place:

(Name)

Format of the certification to be given by the Supervisor/Joint Supervisor (in all copies)

I certify that the thesis entitled
submitted for the Degree of Doctor of Philosophy by Mr./Ms.
is the bonafide record of research work carried out by him/her during the period from to
..... under my/our guidance and supervision and that this research work has not formed the
basis for the award of any degree, diploma, associateship, fellowship or other similar titles in this
University or any other University or institution.

Date:

Signature of the Supervisor

Place:

with seal

Date:

Signature of the Joint Supervisor

Place:

with seal

Format for report on adjudication of Ph.D. Thesis by Examiners

1. Name of the candidate	:	
2. Title of the Thesis	:	
3. Discipline and subject	:	
4. Name and address of the Examiner	:	
5. Recommendation of the Examiner (please strike out whichever is not applicable) : (a) Thesis is highly commended. <div style="text-align: center;">Or</div> (b) Thesis is commended. <div style="text-align: center;">Or</div> (c) Thesis is commended and the Degree may be awarded subjected to the candidate's furnishing satisfactory clarification to my queries during the public viva-voce examination. <div style="text-align: center;">Or</div> (d) Thesis is commended and the Degree may be awarded subject to the condition that the corrections/modifications, suggested by me are carried out in the thesis and duly certified by the Supervisor-Convenor before the public viva-voce examination. <div style="text-align: center;">Or</div> (e) Thesis needs to be resubmitted after revision for evaluation. <div style="text-align: center;">Or</div> (f) Thesis is not commended and the Degree may not be awarded.		
6. Detailed report on the thesis (to be enclosed)	:	
7. List of questions to be asked at the public viva-voce examination (to be enclosed)	:	

Date:

Signature of the Examiner

Place:

with Designation

Address: