



# ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS

**FORM-R3**

**ORIGINAL**

Registration No.

**Application Form for Ph.D. Admission under Extramural / Project Fellow or National Fellowship Holders /  
Regular Teaching Faculty of Andhra University**

Last date for receipt of filled-in applications without fine: 15-05-2018 (5 p.m.);  
With late fee of Rs. 1,500/-, 21-05-2018 (5 p.m.)

Note: Admission into Ph.D. degree shall be made in accordance with guidelines specified in the Resarch admission information Brochure. Strike off whichever is not applicable and **put a ✓ mark** wherever necessary. Each application should be accompanied by a D.D. of **Rs. 1,500/-** drawn in favour of The Registrar, A.U.Common Entrance Test & Admissions, Visakhapatnam on any Nationalised Bank, payable at Visakhapatnam.

Affix attested  
recent  
Passport size  
photo

**1. Particulars of Registration Fee:**

Amount: Rs. ....D.D.No. .... Date: ..... Name of the Bank: .....

**2. Subject Code & Name**

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**3. Name of the Applicant (in Capital Letters) (As per S.S.C. or equivalent) :**

SURNAME	NAME

**4. Name of the Father / Mother :**  
(Guardian, if parents are not alive)

**5. Gender:**

Male		Female	
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**6. Date of Birth:**

DATE	MONTH	YEAR

**7. Residential status:**

Local		Non-local		Other State	
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**8. Reservation Category:**

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	PH

**9. Particulars of Qualifying Examination (Attested Xerox Copies of the Marks staments & PC must be enclosed. Otherwise the application will be Rejected)**

Qualifying P.G./M.Phil. Degree	Subject studied / Specialization	Percentage of Marks / CGPA	University	Year of Passing

10. Whether applied under Extramural / Project Fellow or National Fellowship Holders / Regular Teaching Faculty of Andhra University write the details :

**11. Permanent Address:**

.....  
.....  
.....  
.....

**12. Address for Correspondence:**

.....  
.....  
.....  
.....

PIN code:.....Ph.No.....

PIN code:.....Ph.No.....

Email : .....

Mobile No : .....

**13. Particulars of Research Guide / Institution :**

- (a) Name of the organisation in which the candidate is at present working. (for EMR only) : .....
- (b) Whether the Institution is recognized by A.U.\* (for EMR only) : .....
- (c) (i) Name and designation of the internal guide from the parent organization. (for EMR only) : .....
- (ii) The number of candidates working with the guide under these categories (should not exceed 6) : .....
- (d) Whether the internal guide is recognised by A.U.\* (for EMR only), if yes proceedings details. : .....
- (e) (i) Name of the Research guide in the University department under whose guidance the candidate prefers to work. : .....
- (ii) The number of candidates working with the guide under these categories (should not exceed 6) : .....
- (f) Service particulars\* (for EMR only) : .....
- (g) No objection certificate\* from the employer (for EMR only) : .....**Yes / No**.....

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\*Copies of the relevant certificates must be enclosed.

**DECLARATION BY THE CANDIDATE**

I here by declare that the particulars given in items 1 to 13 above are correct. In the event of any information being found false, I declare to forego my admission forthwith.

**Date:**

**Signature of the candidate**



# ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS

**FORM-R3**

**DUPLICATE**

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SURNAME	NAME

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(Guardian, if parents are not alive)**

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**5. Gender:**

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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**6. Date of Birth:**

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**7. Residential status:**

Local <input type="checkbox"/>	Non-local <input type="checkbox"/>	Other State <input type="checkbox"/>
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Mobile No : .....

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- (g) No objection certificate\* from the employer (for EMR only) : .....**Yes / No**.....

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\*Copies of the relevant certificates must be enclosed.

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**Date:**

**Signature of the candidate**

**GUIDE WILLINGNESS LETTER FROM ANDHRA UNIVERSITY  
RECOGNISED RESEARCH ORGANISATION**

1. Name : Dr. / Prof.
2. Department :
3. Designation :
4. Institute :
5. Guide Recognition Details\* :
  - i) A.U. Proceedings No. & Date :
  - ii) Department & College allotted to :  
(Enclose a copy)
  - iii) Area of Research :
6. Institute Recognition Proceedings\* :  
No. & Date (Enclose a copy)
7. Service Particulars
  - (i) Date of Joining in the Institute :
  - (ii) Date of Superannuation :
8. No. of Ph.D. Scholars (EMR/National Fellowship Holders/Project Fellow / Executive)  
guided / guiding till date  
Awarded :  
Existing # :

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\* Applicable to EMR candidates.

# As per BRS guidelines-2017, a guide should have less than 6 to accept new scholar.

**DECLARATION**

I certify that the above information furnished by me is true to the best of my knowledge and express that I am willing to guide Mr. / Ms. \_\_\_\_\_ applied for Ph.D. under EMR/Research Fellow / Project Fellow / Executive category in the Department of \_\_\_\_\_, A.U. College of \_\_\_\_\_ **as I have less than six Ph.D. Scholars (EMR/Research Fellow/Project Fellow/ Executive) presently working under my guidance.**

Place :

*Signature & Seal*

Date :

## UNIVERSITY GUIDE WILLINGNESS LETTER

1. Name : Dr. / Prof.
  2. Department :
  3. Designation :
  4. Institute :
  5. No. of Ph.D. Scholars (EMR/National Fellowship Holders/Project Fellow / Executive) guided / guiding till date  
Awarded :  
Existing # :
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Place :

*Signature & Seal*

Date :