



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: 09-01-2019 (5 p.m.);
With late fee of Rs. 1,500/-, 17-01-2019 (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)**

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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:

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.....
.....

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**.....

*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

Registration No.

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SURNAME	NAME

**4. Name of the Father / Mother :
(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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8. Reservation Category:

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	PH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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 # :

* 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 in the Department of _____, A.U. College of _____ **as I have less than six Ph.D. Scholars** (EMR/Research Fellow/Project Fellow) 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
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Place :

Signature & Seal

Date :