MAHARISHI MARKANDESHWAR UNIVERSITY, KUMARHATTI-SOLAN(HP) (Established under H.P. Govt. Act. No. 22 of 2010 and approved by the UGC under Section 22 of the UGC Act, 1956)

APPLICATION FORM FOR ADMISSION TO THE Ph.D. PROGRAMME (2024)

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	4. Date of Birth :											
	5. Postal Address for Communication:											
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	6. Permanent Address:											
	7. Name of DISCIPLINE for admission to Ph.D. Programme:											
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14. Details, if already registered/worked for Ph.D. elsewhere:

Name of the University/ Institute	Subject for which registered	Topic of research	Name of the Supervisor	Period	Reason for leaving		

Declaration by the candidate:

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I declare that entries made by me in this Application Form are true and correct in all respects and in case any entry of information given by me in this form is found to be false, this shall entail automatic cancellation of any admission besides rendering me liable to such action as this University may deem fit.

I have noted that my admission to the Ph.D. Programme and my continuance on its rolls are subject to the provisions of the Maharishi Markandeshwar University and other rules and instructions as may be applicable from time to time. I also undertake that I shall abide by the rules and instructions as may be applicable from time to time. I also undertake that I shall abide by the rules of discipline and proper conduct as are applicable from time to time in the Maharishi Markandeshwar University and its institutions.

I am fully aware of the Regulations of the UGC and other Regulating Bodies and law regarding ragging as well as the punishment and that if found guilty on this account, I am liable to be punished accordingly. I undertake that I shall not indulge in any act of ragging. I also undertake that I have read and understood the Information Brochure 2024 of Ph.D. Programme, issued by this University.

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Date				Signature	of Ca	ndidate		
	For o	ffice use only						
This is to certify that the topic	has bee	n approved	for	registration	to	Ph.D.	of	Mr./Ms.
		_ S/o Si	hri _					_ by the
Board of Studies in								
	_ as under:							
Resolution No. of BOS				dated				
Topic:								
Name of the Supervisor:								
If the Supervisor has consented:					<u></u>			
Dated:								
			Siį	Signature of DIRECTOR/PRINCIPAL/HOD (Chairman, Board of Studies)				
Dy. Registrar (Regn.)								
2 P a g e								