

Appendix- I

**Application for PhD Programme (2019-20)**

**Form No. CUTM/ PhD/ 2019/ 67.1**

**Admission Year:**

**Date of Application:**

**Section A : Candidate Information**

Candidate's Last Name:		Candidate's ID No(generated after online registration:	
Candidate's First Name:			
Father/Husband's Name:			
Mother's Name :			
Permanent Address:			
Aadhar Card No:			
Religion:		Caste: Gen/ OBC /SC /ST	
Date of Birth:		E-mail ID:	
Contact No:			

<b>Section B : Areas of Research</b>		<b>Please put mark</b>
<b>Engineering</b>	Civil Engineering	
	Mechanical Engineering	
	Computer science and Engineering	
	ECE	
<b>School of Applied Sciences</b>	Physics	
	Chemistry	
	Mathematics	
	Botany	
	Zoology	
	Environmental Science	
	Material Science	
<b>Humanities</b>	English Language	
	English Communication	
	Translation	
<b>Management</b>	Marketing	
	Human Resource	
	Finance	
	General Management	
	Economics	
<b>Pharmacy</b>	Pharmaceutics	

	Pharmaceutical quality	
	Pharmaceutical Chemistry	
	Pharmacology	
<b>Agriculture and Agriculture Engineering</b>	Plant Biotechnology	
	Plant Pathology	
	Agronomy	
	Entomology	
	Computer Science Application to Agriculture	
<b>Media</b>	New Media	
	Print Media	
	Political Economy	
<b>Inter-disciplinary</b>	(Please mention the disciplines)	

**Section C : Educational Qualification (HSCE onwards)**

Degree	University/ Board	Year of Passing	Class/ Division	% of marks/ CGPA	Major subject(s)

**Section D : Work Experience Information**

Work Experience (if any)

Nature of Work Experience (completed years):

Teaching -                      Industry -

**Section E : Particulars of proposed work**

Discipline and area in which research is to be conducted:

Proposed title of the thesis:

**A research proposal (two pages only) and a current CV are to be attached with the application form.**

<b>Section F : Supervisor's Information</b>			
Supervisor Name	Highest Degree	Institution of Affiliation	Area of Specialization
Supervisor Signature of Consent		Date:	
Co-supervisor Name	Highest Degree	Institution of Affiliation	Area of Specialization
Co-supervisor Signature of Consent		Date:	

Certified that the undersigned has no objection in providing necessary resources/ facilities of the \_\_\_\_\_ under CUTM, Orissa.

Signature of the of the Head of Institute/ Dept		Date:	
Name of the Institute/ Dept		Seal	

### **G : Undertaking by the Candidate**

(i) I would be willing to work on the above subject. The entire results of the work shall be the joint intellectual property of the University and the candidate. The first rejection of publication rights will be that of the University.

(ii) Certified that the subject proposed for the PhD work has not been submitted to any other University/ Institute for registration for PhD/ DSc/ DLit degree; in case facts to the contrary are found, I will be willing to quit the University

Signature of the Candidate		Date:	
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### **Section H : Details of Bank Draft (DD) (Rs. 2000/- Application & processing fee)**

DD No.	Date	Amount (Rs.)	Name of the Bank with Branch
		2,000	

The application form to be emailed to: [phd.cit@cutm.ac.in](mailto:phd.cit@cutm.ac.in)

Hard copies i.e. Application Form, Brief Synopsis, Demand Draft, CV, Passport size photo (2 nos), Migration Certificate, Photocopy of qualification & experience to be posted to:

**PHD APPLICATION**

To – Director Research,  
PhD Cell,  
Centurion University of Technology and Management  
At- Ramachandrapur,  
P.O – Jatani, Bhubaneswar,  
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