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| OFFICIAL USE ONLY | |
| Application No: | |

CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT, ODISHA

APPLICATION FORM FOR Ph. D. PROGRAMMES
Academic Year: (20__ to 20__)

Note:

- 1) Incomplete application will not be accepted.
- 2) Application fee once paid will not be refunded.
- 3) Please fill the application in BLOCK LETTERS only

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|-----------------------------|
| Passport size photograph |
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1. Name of the Candidate: _____
 (as per 10th Class Marks Sheet)

2. Father's / Husband's Name: _____

3. Address for Correspondence (Fill in the box provided below)

| | |
|----------------------------|------------------------|
| H. No / Door No. _____ | Street / Village _____ |
| Mandal / Town / City _____ | District _____ |
| State _____ | Pin Code _____ |

4. Contact Number

| | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|
| +91 | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|

5. E – Mail id:

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6. Date of Birth

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

7. Category

| | | | | |
|-----|------|----|----|----|
| OBC | SEBC | SC | ST | PH |
| | | | | |

8. Major Area of Research: {please tick (√) any one}

| | |
|------------------|--|
| Applied Sciences | |
| Engineering | |
| Agriculture | |
| Management | |

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| Pharmacy | |
| Paramedics | |
| Interdisciplinary | |

9. Department:

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10. **Academic Details:** {Starting from SSC (10th Class) (Please enclose true copies of all documents attested by a Gazetted Officer)}

| Examination | Year of passing with Division | Subject / Specialization | School / College where studied | Board / University (Place) | Aggregate Percentage |
|------------------------|-------------------------------|--------------------------|--------------------------------|----------------------------|----------------------|
| HSC/SSC | | | | | |
| Intermediate / Diploma | | | | | |
| Graduation / B.Tech. | | | | | |
| M.Sc. /M.Tech | | | | | |
| Any others | | | | | |

11. **Details of Employment: (for Part time Ph.D. candidates only)**

Particulars of employment(s) from date of completion of prescribed qualifying examination till date. Enclose photo copies of work experience / service certificates with full address of organization.

| Name of the Employer / Organization | Designation | Duration of Employment | | Regular/ Temporary appointment | Nature of work |
|-------------------------------------|-------------|------------------------|----|--------------------------------|----------------|
| | | From | To | | |
| | | | | | |

12. **Details of UGC-CSIR / NET/ GATE:**

| | | | |
|-----------|--|------------------|--|
| NET/GATE: | | Year of Passing: | |
|-----------|--|------------------|--|

13. **Tentative Area of Research:**

(The Research proposal should give tentative title, brief introduction of the area of research and relevance of the study followed by problem statement, objectives of research, preliminary literature review and research methodology, time schedule to complete the work may be included. The proposal submitted may not exceed 1500 words (double spacing typed).

14. Declaration by the candidate:

I Mr./Mrs. _____ S/o. / D/o. _____ shall abide by the Academic Regulations implemented time to time by the CUTM, Odisha. I also declare that the particulars furnished in this application are correct and complete to the best of my knowledge. Any incorrect information is found my admission shall be cancelled at any point of time.

Address (Place of working):

Date:

Mobile No & Email ID:

Signature of the Candidate

15. No objection certificate from the employer (For Part –time Ph.D. Candidates)

(To be issued by the Head of the organization where the candidate is working / employed)

NO OBJECTION CERTIFICATE

This is to certify that Mr. / Mrs. _____ working in the department _____ as (specify designation) _____ is permitted to pursue the proposed research work for his / her Ph.D. Degree at Centurion University of Technology and Management, Odisha by making use of the available facilities in our organization. The supervisor(s) from CUTM shall be permitted to visit the organization periodically to monitor and assess the research work carried out by the candidate.

Date:

Place:

Mobile No.

Email ID:

Signature & Designation
with Office seal

Check List: {Please tick (√) enclosed documents }

| | |
|---|--------------------------|
| 1. SSC (10 th Class) Marks Certificates | <input type="checkbox"/> |
| 2. Intermediate (12 th Class) Marks Certificates | <input type="checkbox"/> |
| 3. Degree (UG) Certificate | <input type="checkbox"/> |
| 4. Master Degree (PG) Certificate | <input type="checkbox"/> |
| 5. Transfer Certificate Last Studied | <input type="checkbox"/> |
| 6. Caste Certificate | <input type="checkbox"/> |
| 7. Study / Bonafide Certificates from 6 th to PG | <input type="checkbox"/> |
| 8. Research Proposal | <input type="checkbox"/> |
| 9. UGC-CSIR / NET/ GATE valid score card | <input type="checkbox"/> |
| 10. Any other certificate | <input type="checkbox"/> |

SIGNATURE OF THE CANDIDATE

Hard copy to be posted to:

Research and Development Cell
Centurion University of Technology and Management
At- Ramachandrapur Po- Jatni, Bhubaneswar Dist – Khurdha
Pin – 752050, Odisha India