



J.C. BOSE UNIVERSITY OF SCIENCE AND TECHNOLOGY, YMCA FARIDABAD

(Formerly YMCA University of Science and Technology, Faridabad)

(NAAC Accredited 'A+' Grade State Govt. University)

NH- 2, SECTOR-6, FARIDABAD, HARYANA-121006

Ph: 0129-2310131, 2210372, 2242142, 2242143 (Fax) web: www.jcboseust.ac.in

Ph.D. PROGRAM REGISTRATION FORM

R&D Registration Diary N (To be filled by R&D Sec		Mode of Study (✓ as applicable) Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>		
Ph.D. Program Code:		Mode of Admission (✓ as applicable) NET/GATE <input type="checkbox"/> Entrance <input type="checkbox"/>		
1. Name (in Block Letter)	:	PASSPORT SIZE RECENT PHOTOGRAPH		
2. Roll No.	:			
3. Gender (✓ as applicable)	:			Male <input type="checkbox"/> Female <input type="checkbox"/>
4. Faculty	:			
5. Department	:			
6. Date of Admission (DD/MM/YY)	:			
7. Date of Registration (DD/MM/YY)	:			
8. Name of Main Supervisor (Prof./ Dr.)	:			
9. Nature of Scholar (✓ which is applicable)	:	URS <input type="checkbox"/> CSIR <input type="checkbox"/> UGC <input type="checkbox"/> ADF <input type="checkbox"/> Self-Sponsored <input type="checkbox"/>		
10. PERSONAL DETAILS OF RESEARCH SCHOLAR				
a. Date of Birth (DD/MM/YY)	:			
b. Father's /Husband's Name	:			
c. Address for Communication	:	Correspondence	Permanent	
		PIN-	PIN-	
d. Phone No.	:	(1)	(2)	
e. E-mail Address	:	(1)	(2)	
11. DETAILS OF PROPOSED RESEARCH				
a. Broad Area of Research	:			
b. Proposed Thesis Title	:			
12. PRE-PH.D. COURSE WORK DETAILS				
A.	Course Code	Name of Course	Credits Points of Course	Result/Grade
(i)				
(ii)				
(iii)				
(iv)				



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B.	Online/MOOC (Conducted by a recognized Institution/University such as NPTEL)		
	Course Title	:	
	Credits	:	
	Duration (Total Hrs. & Weeks)	:	
	Name(s) of the coordinator(s)	:	
	Name of the Inst. /Organization conducting the course	:	
	*Total Credits and CGPA/Grade (A & B)	:	
*Attach Ph.D. Course Work DMC			
Date:		(Signature of the Scholar)	
Place:			



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CONSENT & UNDERTAKING OF SUPERVISOR(S)

- **Consent:** I/We hereby, agree to supervise the above candidate for his/her Ph.D. research work.
- **Undertaking:** I/we hereby, abide by the following guidelines on the maximum number of scholars to be supervised at a time- Assistant Professor: 4 Research Scholars, Associate Professor: 6 Research Scholars, Professor: 8 Research Scholars as laid down in the ordinance of the University. Furthermore, I/we also state that I/we have a clear vacancy, at present, for this scholar.

Prospective supervisor(s) are required to put their signature(s) as consent and undertaking as given below. In case if any supervisor(s) **is/are not recognized**– **he/she is also required to fill out the supervisor's recognition form.**

1. THESIS SUPERVISOR(S)

a. Supervisor

Name	:		(Signature with date)
Designation	:		
Department	:		
Institution	:		

b. Co-Supervisor (If applicable)

Name	:		(Signature with date)
Designation	:		
Department	:		
Institution	:		

SCHOLAR ADVISORY COMMITTEE (SAC)

As approved, a Scholar Advisory Committee (SAC) must be constituted for each Ph.D. Scholar. The proposed constitution of the committee with a minimum of three members (**not exceeding five members**) is as follows:

- One expert in the field from the Department/Centre,
- One faculty expert, preferably in the concerned area, from outside the Department to which the scholar belongs or a different university: and
- Supervisor (s).

[For (a), and (b): Each member having -i) Total work experience of a minimum of five years, ii) Post Ph.D. experience of a minimum of three years]

Note:

- SAC must have at least one Professor.
- External members may be opted to satisfy the above criteria.
- Supervisor experience will be considered as per Ph.D. Ordinance.

The Research Supervisor of the scholar shall be the Convener of this Committee.



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2. CONSTITUTION OF SAC FOR THE SCHOLAR			
Sr. No.	Member Name	Designation	Affiliation
I.			
II.			
III.			
IV.			
V.			
3. APPROVAL OF SAC FOR REGISTRATION			
a.	Name of Scholar	:	
b.	Enrollment No./Roll No.	:	
c.	Date of SAC Meeting (DD/MM/YYYY)	:	
d.	*Recommendation of SAC for Provisional Registration of the scholar for Ph.D. (✓ as applicable) Recommended <input type="checkbox"/> Rejected <input type="checkbox"/>		
e.	SAC Report Enclosed (✓ as applicable): Yes <input type="checkbox"/> No <input type="checkbox"/>		
f.	Remarks (if any)		

	(Signature of SAC Member 1)	(Signature of SAC Member 2)	(Signature of SAC Member 3)
*The Approval/Rejection of SAC is to be supported by minutes of the SAC meeting and attach duly filled SAC Form.			
Forwarded by:			
Chairperson Concerned Department		Dean Concerned Faculty	
----- (For R&D Section use only) -----			
Research Coordinator(R&D)			
Dy. Director (R&D)			
Director (R&D)			