



ಶರಣಬಸವ
SHARNBASVA



ವಿಶ್ವವಿದ್ಯಾಲಯ
UNIVERSITY



A State Private University approved by Govt. of Karnataka vide Notification No. ED 144 URC 2016 dated 29-07-2017
Recognised by UGC under Section 2f vide No. F.8-29/2017 (CPP-I/PU), dated 20-12-2017 & AICTE, CoA, PCI New Delhi

Application Form for Ph. D. - 2025

| | |
|--|------------------------------------|
| Application Number: (to be filled by the office) | |
| Faculty Applied for | |
| Program Type: | Full Time / Part Time |
| Department Applied For: | |
| Registration Type: | Fresh Registration/Re-Registration |
| Name of Candidate (in Full) | |
| Address for Communication | |
| Contact Phone No. | |
| Email id | |
| Date of birth | |
| Gender: | Nationality: Indian / Foreign |
| Aadhaar No. | Category |

Education Qualification Details

| Category (Full Time/ Part Time) | Name of the Degree | Name of the University | Specialization/ Branch | % of Marks | Year of Pass |
|------------------------------------|--------------------|------------------------|------------------------|------------|--------------|
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| | | | | | | |
|----------------------------|-----------------|--|----------|--|----------|--|
| No. of Years of Experience | Teaching | | Research | | Industry | |
| Number of Publications | Research Papers | | Patents | | Awards | |

Whether passed UGC/CSIR (NET) (JRF)/SLET/K- SET/GRE /GATE?

Yes / No If yes, specify the exam passed (Enclose attested copy of the certificate)



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| | |
|--|--|
| Area of Research Interest | |
| Particulars of the Entrance Examination Fee Paid | Amount Rs. Bank DD No.: Bank Transaction No/UTR: |

Note: Enclose two passport size photographs along with necessary documents and Bank Transaction Detail for the fee payment.

Candidates can choose the three supervisors

| Sl. No. | Name of the Research Supervisor | Department | Designation | Research Area |
|---------|---------------------------------|------------|-------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Note: The list of supervisors is available at www.sharnbasvauniversity.edu.in.

Place:

Date:

Signature of the Candidate

No Objection Certificate of the Organization

This is to certify that the Organization has no objection in recommending the candidature of our employee for carrying out research for his/her Ph. D. at SHARNBASVA UNIVERSITY, KALABURAGI on part time/full time basis. The information provided by the candidate is found correct as per our records.

**SIGNATURE OF THE PRINCIPAL/
HEAD OF THE ORGANIZATION WITH SEAL**

Declaration by the Candidate

I _____
_____ hereby certify that all the information given by me are true to the best of my knowledge. In the event of any information being found incorrect or misleading,



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my candidature shall be liable to cancelled by the University at any time and I shall not be entitled for refund of any fee paid by me to the University.

I have carefully studied the regulations governing the degree of Doctor of Philosophy (Ph. D.) - 2023 of Sharnbasva University, Kalaburagi.

Date:

Signature of the Candidate

Check List

Enclose the attested photocopies of the following in the order specified below, before sending the application

- All degree Certificates and Marks cards of the Candidate.
- Category certificate of candidates belonging to SC/ST/Cat-I/ and any other as applicable.
- Test Score Card along with Admission ticket in support of clearance of UGC-CSIR, JRF, etc.
- Medical Certificate in respect of disability claim.
- In case the candidate is possessing degree from Foreign University, the Equivalence Certificate issued by the Association of Indian Universities (AIU).
- Photocopy of Aadhaar Card.
- Paper Published Details.
- Independent R & D activities taken in the department if any.
- Online payment of Rs.3000/- should be paid towards Application and Processing Fee to the following account details

Account Name: SB UNIV CHANCELLOR FO RESEARCH

Account No: 50200068519939

IFSC Code: HDFC0000768

Branch: Opp City Corporation, Kalaburagi

Bank: HDFC

HALL TICKET

Name of The Candidate:

Address:

Affix Passport
Size Photo
Here



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Program Applied for:

—

Stream Applied for:

—

**Signature of the
Candidate**

For office use only

Seat Number: _____ **Date of SUK-
ETR:** _____

Test Center _____ **Reporting Time:**

**Signature of the
Registrar**

- Photo ID Proof with official address is mandatory to enter the exam hall.
- Candidate must read the instructions provided in the Question Paper before the commencement of examination.