# APPLICATION FOR Ph.D. FELLOWSHIP FOR SC/ST CANDIDATES IN MANGALORE UNIVERSITY

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(Please attach copies of SSLC, PUC, UG, and PG marks cards)

# 7. Details of JRF/NET/SLET examination qualified :

8. Mention the Name of the Department/P. G. Centre/Constituent College of Mangalore University in which you have obtained admission for Ph.D. course:

Name of Organizer	Roll Number	Year of Passing

#### 9. Title of Ph.D. thesis:

(This will not apply if a topic is not yet finalized)

#### 10. Name of the Guide:

(Not applicable if a guide is not yet designated)

### 11. Whether belong to Scheduled Caste or Scheduled Tribe:

- a) State the name of Sub-caste/tribe:
- b) Enclose attested copy of caste certificate

# 12. Details of Application fee remitted by the candidate to the University

DD/Challan No. and Date	Name of the Bank	Amount Rs

## 13. Candidate's Undertaking:

- a) I hereby certify that I am not in receipt of any other award/fellowship/holarship Gainful employment in Government or Private Sector and the above particulars are correct to the best of my knowledge and belief.
- b) I hereby undertake to state that I agree to abide by the rules and regulations regarding the Mangalore University SC/ST Ph.D. Fellowship that is placed from time to time.
- c) I also undertake to state that all the information furnished by me in this application regarding my educational qualification, caste status etc. are true and genuine and if anything found otherwise either on complaint or suspicion on any future occasion my admission to this Ph.D. course shall be cancelled and suitable action shall be initiated against me including the termination of this Ph.D. Fellowship and recovery of the same amount which would have paid thereunto me if the competent authority invalidates my caste certificate.

Signature of the Candidate

#### 14. Certificate by the HOD:

Necessary facilities are available and will be provided for the research work on the above topic during the tenure of the award if the candidate gets selected for the same.

**Signature of the HOD with Seal** 

Name of the HOD: Designation: Date:

Place: Date: