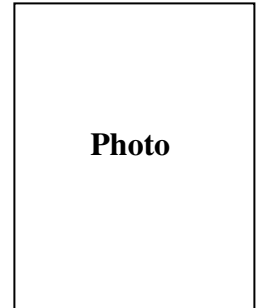




**BOARD OF RESEARCH STUDIES (MATHEMATICAL SCIENCES)  
(DEPARTMENT OF MATHEMATICS)  
UNIVERSITY OF DELHI**

**APPLICATION FORM FOR REGISTRATION/ADMISSION TO Ph.D. COURSE**

The Chairman  
Board of Research Studies (Mathematical Sciences)  
New Academic Block  
University of Delhi  
Delhi-110007



Through the Head,  
Department \_\_\_\_\_

Dear Sir/Madam,

I am submitting my application for registration/admission to Ph.D. Course in the Department of \_\_\_\_\_ University of Delhi, and am giving below my particulars for consideration of the Board.

1. Name (in Block Letters) - \_\_\_\_\_  
(as entered in the qualifying degree certificate) (CAPITAL LETTERS)
2. Father's /Husband's/Gardian's Name - \_\_\_\_\_  
Mother's Name - \_\_\_\_\_
3. Date of Birth (in Figures) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
(In words \_\_\_\_\_).  
(The minimum age for admission to Ph.D. Course is 22 years on the date of submission of the application)
4. Nationality \_\_\_\_\_ State of Domicile \_\_\_\_\_
5. Gender : \_\_\_\_\_ Marital Status: \_\_\_\_\_
6. Delhi University Enrolment number, if any \_\_\_\_\_
7. Whether belongs to Scheduled Caste/Scheduled Tribe/OBC/EWS \_\_\_\_\_  
(Please attach attested copy of the certificate)
8. Whether Physically Challenged (give details)  
(Attach attested copy of the certificate) \_\_\_\_\_

9. Local Address

\_\_\_\_\_  
\_\_\_\_\_  
Email id \_\_\_\_\_ Tel.No..(R) \_\_\_\_\_ Mobile No. \_\_\_\_\_

10. Father's/Guardian's/Husband's occupation \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_

11. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
Tel. No. ( R ) \_\_\_\_\_ (M) \_\_\_\_\_

12. Are you pursuing any other course in this or any other University/ Institution? Yes/No \_\_\_\_  
(if yes, please give details) \_\_\_\_\_

13. Details of Examinations Passed:

Exam. Passed	University	Year	Max. Marks	Marks Obtained	Div/Grade	Subject(s)
B.A./B.Sc./B.Com. (Hon./Pass) B.B.A./B.Tech.						
M.A./M. Sc./M.C.A./ M. Com/M.B.A./M. Tech.						
M. Phil. in	Part-I					
	Part-II					
Any other Examination passed:						

14. Fellowship/Scholarship under \_\_\_\_\_ Scheme. Year of award \_\_\_\_\_

15. Language(s) known \_\_\_\_\_

16. Precise details of Research experience, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Title of the proposed Research Topic  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Undertaking/Declaration:

- (a) I have carefully gone through the rules as prescribed under Ordinance-VI and by the Board relating to the Doctorate of Philosophy (Ph.D.) Course and I undertake to abide by them during the tenure of my research in the Department of \_\_\_\_\_ University of Delhi. I am aware that disputes, if any, arising out of/or relating to any matter, whatsoever, concerning registration/cancellation/ submission of thesis or any other matter shall be subject to the exclusive jurisdiction of the competent courts in Delhi only.
- (b) I declare that I shall submit myself to the disciplinary jurisdiction of the authorities of the University who may be vested with the powers to exercise discipline under the Act, the Statutes, the Ordinances and the Rules that may be framed by the University/Board from time to time in this behalf.
- (c) I declare that I am not registered for any full-time programme of study in any University / Institution.
- (d) I solemnly declare that I am not in any kind of employment at present and that in case I get any employment at any stage during my studies, I will seek prior approval of the Board of Research Studies for joining the same.
- (e) I hereby confirm that before leaving Delhi or leaving for abroad, I will take prior approval of the Board through the Head of the Department and on arrival I would immediately inform the Board Office.

Yours faithfully,

Signature of the Applicant

Date .....

Name .....

Note: The self attested copies of the following certificates should be submitted at the time of submission of this form:

- (a) Under-graduate and Post-graduate (Qualifying) Degrees/Certificates.
- (b) Mark-sheets of under-graduate and post-graduate (Qualifying) examinations.
- (c) Matriculation/Hr.Secondary/Secondary School Certificate for verification of date of birth.
- (d) Certificate, in the case of to SC/ST/OBC/PH/EWS category.
- (e) Certificate of fellowship/scholarship award letter.

(Candidate shall be required to produce the original certificates along with the joining report for verification at the time of admission).

I agree to supervise Mr./Ms. \_\_\_\_\_

Signature of Supervisor

Name : \_\_\_\_\_ Affiliation: \_\_\_\_\_

Mobile No. \_\_\_\_\_ email id \_\_\_\_\_

**(To be filled in by the candidates who are employed)**

Name of the Institution where employed \_\_\_\_\_

Designation \_\_\_\_\_

Period of employment: From \_\_\_\_\_ To \_\_\_\_\_

Whether Permanent/Temporary/Contractual/Ad-hoc/Project \_\_\_\_\_

Brief details about the nature of job\* \_\_\_\_\_

Tel. No. Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

\*Separate sheet may be used to furnish the details, if necessary.

---

**(Certificate to be signed by the Head/Principal of the Department/Institution/College where the candidate is employed)**

(i) I certify that Miss/Mrs./Mr. \_\_\_\_\_ has been working in this Department/Institution/College/Project as \_\_\_\_\_ on a temporary/ad-hoc/contractual/ permanent capacity since \_\_\_\_\_. The present term of his/her appointment is up to \_\_\_\_\_.

(ii) I further certify that Miss/Mrs./Mr. \_\_\_\_\_ will be granted leave to pursue the Ph.D. Course as required under the present rules of the Board of Research Studies (Mathematical Sciences) and as may be amended from time to time.

Dated:

Signature of the Head/Principal  
Institute/College with Seal

## (Certificate by the Head of the Department)

It is certified that:

- (i) The Departmental Research Committee at its meeting held on \_\_\_\_\_ recommended registration of Mrs./Miss./Mr. \_\_\_\_\_ for Ph.D. Course in this Department under the supervision of

Supervisor(s)

1 (a) Name - \_\_\_\_\_ College - \_\_\_\_\_

(b) Name - \_\_\_\_\_ College - \_\_\_\_\_

Members of Advisory Committee

2. Name - \_\_\_\_\_  
College - \_\_\_\_\_  
Mobile - \_\_\_\_\_  
Email - \_\_\_\_\_

3. Name - \_\_\_\_\_  
College - \_\_\_\_\_  
Mobile - \_\_\_\_\_  
Email - \_\_\_\_\_

- (i) The topic of research as proposed by the candidate and recommended by the DRC has not been taken up earlier in the Department for the Ph.D. Course.
- (ii) The viva-voce/dissertation of Mrs./Miss/Mr. \_\_\_\_\_ for M.Phil. Part-II has been held/submitted. (Strike out if not applicable).
- (iii) Specific recommendation, of DRC, if any, with regard to exemption from Course work/ Study Leave.

DRC recommended provisional admitted under clause \_\_\_\_\_ with fellowship and course work/with Non Net fellowship and course work / with Non Net fellowship and course work exempted except one research paper Research Methodology

Dated: \_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Head of the Department \_\_\_\_\_  
University of Delhi, Delhi-110007

---

## Recommendations/Comments of the BRS

Date of Meeting \_\_\_\_\_

Recommended subject to/not accepted

- |       |   |                      |                      |
|-------|---|----------------------|----------------------|
| (i)   | Course Work                                     | <input type="text"/> |                      |
| (ii)  | Study Leave/Residency condition                 | <input type="text"/> | <input type="text"/> |
| (iii) | Equivalence of the Course                       | <input type="text"/> |                      |
| (iv)  | Fulfillment/verification of other Requirements: | <input type="text"/> | <input type="text"/> |
| (v)   | Appointment of Supervisor(s)                    | <input type="text"/> |                      |
| (vi)  | Appointment of Advisor(s)                       | <input type="text"/> |                      |

Remarks: \_\_\_\_\_

**Representative of the Department**

**CHAIRMAN**