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			Appendix II
A. IDENTIFICATION & CONTACT DETAIL	s		Affix your recent passport photo here
Your Specimen Signature (1)	Your Specime	en Signature (2)	
A1. Name as appear in Passport			
A2. Date of Birth	DD MM YYYY	Gender	M F
A3. Place of Birth & Nationality			
A4. Country of Residence			
A5. Passport No		Date of Issue Place of Issue	Valid Till
		DD MM YYYY	
		DU MIM TITT	
A6. Address in Home Country		(a)Home address (b)state/city (c)country	
		(d)Zip code	
A7. Home country Telephone (with ISD	Code)		
A8. Email Address			
A9. Address &Contact details of Person to be contacted In case of Emergency (with relationship)			
		Tel with ISD Code (O)	
		Email	
A10. Address & Contact details of Indian High Commission			
In your Country		Tel with ISD Code (O) Ema	ail



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A11. Address and Details of the High Commission	
Of your Country in India	
	Tel with ISD Code (O) Email
	<u> </u>
A12. Address of the Consulate of your Country, if any,	
Nearest to Kerala of South India:	Tel with ISD Code (O) Email
B. FAMILY DETAILS	
B1. Mother's Name	
Occupation	
Highest Educational Qualification	
D0 5 11 1 1 11	
B2. Father's Name	
Occupation	
Highest Educational Qualification	
B1. Spouse's Name *(if married)	
Occupation	
Highest Educational Qualification	
1 ng.1001 Zudoddioriai Quaimeddiori	
B4.Details of children* (if any)	
*Not mandatory to disclose	
C. ACADEMIC DETAILS- (K12)	
C1. School Education	
Name of School (last attended)	
Certificate received	
Marks/Grades indicating final performance	
Main subjects studied	
Language of Instruction	
CO Park dark Paren	
C2. Bachelor's Degree	
Name of the College/University	
Full address of College/ University Status of the institution	
(Public/ Private etc) Web site	



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	,		
State if the University is a member of Association of Commonv	vealth Universities	Y/ N	
Degree secured (B.A /B.Sc etc)			
Major courses (Subjects) studied			
Language of Instruction			
Grade/ Percentage of Marks/ GPA			
Please explain briefly the grading system in the University so	that your grades can be interpret	ed	
C3.Masters Degree.			
Name of the College/ University			
Full address of the institution			
Status of the Institution (Public/Private etc)			
Website			
State if the University is a member of Association of Commonwealth Universities  Y/ N			
Mode of study	Full time Part Time	Distance Education	
Degree secured (MA/MBA/M.Sc, etc)			
Major courses (Subjects) studied			
Language of Instruction			
Grade/ Percentage of Marks/ GPA			
Please explain briefly the grading system in the University so	that your grades can be interpret	ed	
I			



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C4.	Additional Degrees / Diplomas, if any					
	Name of the College/ University					
	Full address of the institution					
	Degree/Diploma Secured					
	Major Courses (Subjects) Studied					
	Language of instruction					
	Grade/ Percentage of Marks/ GPA					
D. \	WORK EXPERIENCE DETAILS	Give Deta	nils of Work Ex	(perience	e (maxin	num 2)
D1.	Post Held/ Designation/ Affiliation					
	Duration (months)	From		]	to	
	Nature of duties					
D2.	Post Held/ Designation/ Affiliation					
	Duration (months)	From		]	to	
	Nature of duties					
E. E	EXTRA CURRICULAR / CO-CURRICULAR ACTIVITIES / HONO	URS				
	E1. List Two prominent Extra- curricular Activities					
L						
	E2. List Merit Certificates/ Awards/ Scholarships etc won (	ist best tw	vo only)			



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F. CENTRE OF PROPOSED RESEARCH
Please indicate the Department/College/Institution where the student wishes to join. Students should select only the approved institutions/Departments of colleges recognized by this University as research centres (Please see www.keralauniversity.ac.in)
G. AREA OF PROPOSED RESEARCH  (a) Subject and faculty in which the candidate intends to do research.
(In case of interdiciplinary subjects, the student may mention more than one subject and mention one faculty that is same or closest to the faculty in which they hold masters).
(b)Title of research work (in block letters)
( A synopsis of the proposed work to b e attached )
H. PROPOSED SUPERVISING TEACHER(S)
Name and designation of the proposed Supervising Teacher(s) Please see www.keralauniversity.ac.in)
I. PREVIOUS RESEARCH EXPERIENCE, IF ANY
(a)
(b) Details of Papers published, if any.(Author, Title, Journal Name, Volume No, Page No, etc., Mention website also if availabkle online)

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# APPLICATION FOR REGISTRATION AS FOREIGN RESEARCH STUDENT LEADING TO PH.D DEGREE ON A FULL-TIME BASIS

J. HAVE YOU APPLIED FOR PH.D REGISTRATION	N IN UNIVERS	ITY OF KERALA B	EFORE? IF SO	GIVE DETAILS.
K. STATEMENT OF OBJECTIVE In a separate sheet, please state in detail the of Kerala? (ii) Why you have chosen the specific				p research in University
L. TESTIMONIALS  Give the names of two eminent referees	the testimo	nials issued by t	hem should (	certify your character &
conduct and should be issued specifically in sur is from a teacher of the institution where you Testimonials to be attached.	oport of this a	pplication. It is h	ighly recomm	ended that one of these
L1. (Name and Address of referee I)				
	Email			
L2. (Name and Address of referee II)				
	Email			
M. LANGUAGE SKILLS	Rate yourself o	on the following a	spects	
M1. Communication Skills: English- Spoken	Excellent	Good	Average	Somewhat Poor poor
M2. Communication Skills: English- Spoken	Excellent	Good	Average	Somewhat Poor

poor

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M3. Do you know any Indian Language such as			
Hindi/ Tamil/ Sanskrit?			
If so give details:			
M4. Have you passed any examination to prove			
Your English skills such as TOEFL,IELTS, etc?			
If so give details:			
N. CATEGORY DETAILS			
Please state the category to which you belong			
* Sponsored by a University with which (Attach Sponsorship Certificate)	h Kerala University has signed an MOU		
	 ral Relations (Ministry of External Affairs, Govt. of India		
(Attach Sponsorship Certificate)			
* Sponsored by Government of the co	 untry of your nationality		
(Attach Sponsorship Certificate)	<u> </u>		
* Foreign student financing the educat	ion on their own		
(Note: Non Resident Indian (NRI) stu	dents do not fall under this category)		
O. HEALTH DETAILS			
a. Please state here if you have any health problem	ns		
(especially any major illness during last 3 years)			
Which you believe the University should know in	1		
advance, as it may affect your studies here.			
b. List the vaccinations taken by you			
Attach a modical cortificate from a Covernment	Modical Practitioner		
c. Attach a medical certificate from a Government  P. GENERAL	iviculcai ri actitionei		
Please give any other Information about you			
relevant to this application:			
Q. FEE DETAILS			
	. Please give details of fee remittance by Bank Draft below:		
Drawn in favour of: THE FINANCE OFFICER, UNIVERSI			



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#### **R. UNDERTAKINGS**

- R1. I affirm the information given above. I also affirm that I have not kept undisclosed any relevant information.
- R2. I have read the regulations of the University of Kerala for foreign students.
- R3. I hereby undertake to abide by the relevant laws of Govt. of India and Govt. of Kerala, the rules and regulations of the University of Kerala and also specific instructions issued from time to time by the academic staff.
- R4. I have no criminal proceedings pending against me nor have I ever been convicted.
- R5. During the duration of the course, I shall not take up any employment, either full-time/part-time, or engage in any commitments that will detrimentally affect my studies.
- R6. I shall not engage in any activity, including political, that I am not entitled to, as per the privileges of the Visa issued to me.

		Dated signature of Applicant
	Place	
	Date	
	NT BY HEAD OF DEPT/CHAIR PERSON/DEAN/CO ANDIDATE HAS SECURED MASTER'S DEGREE	DMPETENT AUTHORITY OF THE INSTITUTION FROM
I ENDORSE	THE APPLICATION OF	FOR ADMISSION TO
PH.D PROGRARESEARCH PR		DPINION HE/SHE IS COMPETENT TO UNDERGO THE
NAME:	DESIGNATION IN FU	LL
DATE	(Seal)	
MAIL APPLICAT	FION TO: cga@keralauniversity.ac.in	
	THE REGISTRAR, UNIVERSITY OF KERALA	A, SENATE HOUSE CAMPUS, PALAYAM,

#### WITH FOLLOWING ENCLOSURES:

- BANK DRAFT FOR USD 53 AS PER ITEM (Q)
- PHOTOCOPIES OF THE QUALIFYING CERTIFICATES AND OVERALL GRADE CARD/ MARKSHEETS

THIRUVANANTHAPURAM, KERALA, INDIA- 695034.

- PHOTOCOPY OF PASSPORT
- TWO TESTIMONIALS AS PER ITEM (L)
- SPONSORSHIP CERTIFICATE AS PER ITEM (N), IF ANY