

**SIKSHA 'O' ANUSANDHAN UNIVERSITY, ORISSA**  
**APPLICATION FOR Ph.D. REGISTRATION**  
**(To be submitted by the candidate for appearing the Entrance Test /**  
**Claiming exemption from Entrance Test)**

- 1. Name of the candidate :
- 2. Father/Husband's Name :
- 3. Address for Correspondence :  
Present :  
Permanent :
- 4. Date of Birth :
- 5. Educational Qualification (HSCE onwards)

Degree	University/ Board	Year of Passing	Class/ Division	% of Marks/ CGPA	Major Subject(s)

- 6. Whether Employed : (Yes/No)  
(If employed, experience certificate and No Objection Certificate from the employer is to be submitted)
- 7. Subject in which research is to be conducted:
- 8. Details of M.Tech/ M.Phil/ M.Pram/ Teaching and / or Professional Experience in case the candidate claims exemption from Entrance Test.  
.....  
.....

Signature of the candidate

**SIKSHA 'O' ANUSANDHAN UNIVERSITY, ORISSA  
APPLICATION FOR DOCTOR IN PHILOSOPHY**

**(To be submitted after the Registrar declares the candidate to be eligible through Entrance Test or on granting of exemption from the Entrance Test)**

**(To be filled in Capital Letters)**

- 1. Name of the candidate :
- 4. Father/Husband's Name :
- 5. Address for Correspondence :  
Present :  
Permanent :
- 4. Date of Birth :
- 5. Educational Qualification (HSCE onwards)

Degree	University/ Board	Year of Passing	Class/ Division	% of Marks/ CGPA	Major Subject(s)

- 6. Whether Employed : (Yes/No)  
(If employed, experience certificate and No Objection Certificate from the employer is to be submitted)
- 7. Subject in which research is to be conducted:
- 8. Proposed title of the Ph.D. thesis  
.....  
.....
- 9. Place of Research

10. Name and address of the Supervisor(s)

**Supervisor**

**Co-supervisor, if any**

11. Qualification and teaching / research experience of Supervisor(s)

**Supervisor      Co-Supervisor, if any**

Qualification

Teaching Exp.

Research Exp.

No. of Ph.D scholars

already registered,

No of Scholars applied for  
registration including this

12. Whether the Supervisor(s) are recognized (Yes / No)

by the University to supervise Ph.D thesis

(If yes, provide supporting documents, if no, the bio-data of the supervisor(s)  
may be enclosed)

13. Permission of the Employer

Certified that the undersigned has no objection to allow.....  
..... for registration as a candidate for the Doctor of Philosophy  
under SOA University, Orissa.

**SEAL**

**Signature**

**Name & Designation of the Employer**

14. Permission of the Head of the Institute where work is proposed to be carried  
out. Certified that the undersigned has no objection of the Institute /  
Department as a registered candidate for the Doctor of Philosophy under SOA  
University.

**SEAL**

**Signature**

**Name of the Dean of the Faculty.**

15. Certificate by the Candidate and the Supervisor

Certified that the subject proposed for the Ph.D. work has not been submitted to any other University/Institute for registration for Ph.D./D.Sc./D.Litt degree.

**Signature of the Candidate**

**Signature of the Supervisor**

16. A sum of Rs. ..../- Rupees .....  
.....) only has been paid (vide University cash  
receipt No. .... Dated ..... SOA University payable  
at ..... (name of the Bank).

**Date :**

**Signature of the Candidate**

**SIKSHA 'O' ANUSANDHAN UNIVERSITY, ORISSA**

**Report of the thesis for the degree of Doctor of Philosophy**

**Part A (To be filled by the Office)**

1. Name of the candidate :
2. Name of the Subject & Faculty : Subject:  
Faculty:
3. Title of the Thesis :

**Part B (To be filled by the Examiner)**

4. Report (separate sheet may be used)
  - 4.1 Do you recommend that the thesis be accepted for the award of the degree? (Please write Recommended or Not recommended)
  - 4.2 If recommended, do you suggest that the queries / suggestions if any pointed out by you in your report shall be communicated to the candidate for clarification in the Viva-voce Board to the satisfaction of the members (Please write Yes or No).
  - 4.3 If not recommended, do you suggest that the thesis be submitted after necessary revision (Please write Yes or No).  
  
If Yes, kindly suggest the necessary modifications required to be done by the candidate in the report. (In such case the revised thesis will be sent to the concerned examiner for further evaluation.)

**Place:**

**Signature of the Examiner**

**Date:**