

8. Whether Physically Challenged (give details)
(Attach attested copy of the certificate) _____
9. Address in Delhi

email _____ 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.

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 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).

14. Language(s) known _____

15. Precise details of Research experience, if any: _____

16. Title of the proposed Research Topic

17. Undertaking/Declaration:

(a) I have carefully gone through the rules as prescribed under Ordinance-VIB 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 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.

(d) 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,

Date

Signature of the Applicant
Name

(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

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"/>	
(v)	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