



Center for Research
MS Ramaiah Institute of Management (CFR MSRIM)
Bengaluru

Application Form
for Admission to Ph.D. Programme

Please Affix Recent
Color Passport Size
Photograph

Details of the Candidate

Name:	
Father Name:	
Mother Name:	
Date of Birth:	Nationality:

Permnent Address:	
Temporary Address:	
Land line No.	Mobile No.
Email ID	

Academic credentials

Examination*	Name of the Institute	Board / University	Year of Passing	Marks (%) or CGPA	Subject(s) / Specialization
10th / SSLC					
12th / PUC					
Graduation					
PG					
MPhil					

*Kindly attach attested photocopy of the academic credentials. Kindly add an extra sheet if needed.

Details of Entrance Exams / Qualifying Exams

Examination	Name of the Institute	Board / University	Year of Passing	Marks (%) or CGPA	Subject(s) / Specialization
UGC – JRF					
UGC – NET					
Karnataka - SET					

*Kindly attach attested photocopy of the qualifying exam credentials

Academic / Professional Awards / Medals / Prizes / Scholarships / Certificates / Honors

Name of the award / medal / prize	Name of the Institute	Board/University	Year of award	Area

Kindly attach attested photocopy of the award / medal / prize.

Work experience

Name of the Institute /Organization	Designation	Duration (From – To)	Specify the Work done

*Kindly attach attested photocopy of the work experience. Kindly attach the No C from the present employer / Institution.

Research paper / Article published

Author /s and year of publication	Title of the Article	Vol No / Issue No / Page No	ISSN

*Kindly attach the best two articles published.

Conferences & Seminars Attended / Paper presented

Event organized by	Title of the paper presented	Conference Proceedings (if published)	ISSN

*Kindly attach the details of paper presented.

Areas of Research Interest

Area of Research Interest	Reasons

Note on the proposed area of research and reasons for your choice

Note on the proposed area of research	Reasons for choosing the areas

*Kindly attach the additional sheet if needed.

Elaborate as to how this PhD program will help / support in achieving your career plans

1. _____

2. _____

3. _____

Declaration

1. I declare that all the information given by me in this application form is correct to the best of my knowledge and belief I understand that false or incomplete information would automatically lead to immediate closure of my PhD program.
2. I have read and understood the clauses and stipulations in the regulations issued by CFR MSRIM as regards the Doctoral program, I understand and agree to:
 - Pay the stipulated fees for the Doctoral course work
 - Pay the annual fees for the duration of the Doctoral program.
3. I shall abide by the decision of CFR MSRIM, Bengaluru, in all matters pertaining to admission and administration of the program. The Institute’s decision shall be final and binding on me.
4. I shall abide by the rules and regulations of CFR MSRIM, Bengaluru, if selected.
5. For all matters pertaining to the program where the CFR MSRIM regulations are silent, the relevant provisions of the University of Mysore, regulations will apply.
6. For all legal actions, suits and proceedings, the jurisdiction of a court of law shall be deemed to lie exclusively at the place at which the institution is situated and at no other court or place.
7. I understand the contents of this program brochure, application form and particularly this declaration being made here.

Name of the candidate:

Signature :

Date :

Name

Place :
(In which the candidate is presently working)

Signature of the Head of Department / Organization

Enclosures :

The attested photocopy of the following documents to be enclosed with the application form -

- Age proof (SSLC marks card)
- Degree / PG / MPhil (Marks card & Certificates)
- Certificates of Qualifying / Entrance exams
- Work experience certificate/s
- No Objection Certificates (from the present employer)
- Best of two research papers published
- Details of paper presented in Conferences
- Note on the proposed area of research work
- Any other specify :

FOR OFFICIAL PURPOSES ONLY

Form No.

Registration No.

Date of Admission :

Approved / Not Approved : _____

Name

Name

Signature of the PhD program Coordinator

Signature of the Head of Center for Research