Form No.: BPUT/Ph.D-2019/ 8
[vide Ph.D.-12.3(c)]

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ODISHA, ROURKELA

APPLICATION FOR ENROLMENT TO Ph.D. PROGRAMME - < Year >

1. Full name of the candidate:
   Mr/Mrs/Miss _____
   (IN BLOCK CAPITAL LETTERS) (As per 10th Certificate)
2. Academic Programme: Ph.D (Engg/Pharmacy/ etc.): _____
3. Name of NCR and Department: _____
4. Father's/Husband's Name: _____
5. Mother's Name: _____
6. Permanent Address: _____

   _____

   Present Address with email id and phone no:

   _____

   _____

7. (a) Date of Birth : _____

   (b) Student Category (Full Time / Part Time / Full Time Special): _____

   (c) Nationality: _____ (d) Category (SC/ST/Differently able / General): _____

8. Qualification : (HSC onwards)

Exam. passed	Discipline/ Specialization	Board/University	Year of passing	Class/ Division	% marks / CGPA
HSC					
+2					
Graduation					
Post - Graduation					
M.Phil					

Registrar

9. Organization where working (if employed)

Name of the Organization	Designation	Duration	Nature of job

10. If applying to be enrolled as a Fulltime Scholar / Part time Scholar, Then attach NOC in prescribed Form No.**BPUT/Ph.D-2019/ 2 and BPUT/Ph.D-2019/3** as the case may be.

11. Proposed Title of the Ph.D work to be carried out:

_____

12. Details of Ph.D Enrolment Fee (in favor of BPUT, Rourkela to be drawn at SBI, Uditnagar, Rourkela)
Crossed Demand Draft No.:_____ , Date:_____
Amount in Rs. 10,000/- , Issuing Bank: _____

13. a) Name of Proposed Supervisor with address , mail id & phone no.:

b) Name of Proposed Co-Supervisor (if any) with address , mail id & phone no :

Date:
Place:

Full Signature of the Candidate
(NAME)

Consent by Research Supervisor/ Co-supervisor

This is to certify that there exists vacancy in the relevant category with me as per the BPUT Ph.D Regulation 2019 and I agree to supervise the candidate towards his/ her Ph.D.

Full Signature
Name:_____
(Research Supervisor)
Date:_____

Full Signature
Name:_____
(Co-Supervisor)
Date:_____

Note : The research supervisor is required to provide eight names of Expert (at least one Expert external to that BPUT-NCR) from inside Odisha with proven Research potential not below the rank of Associate Prof.

Registrar

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Verification of Candidate by Head, NCR

The application and all documents, certificates and manuscripts etc of the Candidate _____

has been verified with the originals in the Department of _____NCR

_____ and are found to be correct.

The DSC for the candidate be constituted.

Signature of Head of the Deptt. / NCR
(Co-Chairperson)

Signature of Head of the Institution (NCR)
(Chairperson)

Check List

The Head of NCR is required to submit the following documents.

1. Name & contact address list of domain Experts (8 Names) from Research Supervisor
2. Name & contact address of Head of Institute who will serve as Chairperson in DSC.
3. Name & contact address of Head of NCR / Department who will serve as Co-Chairperson in DSC
4. Demand Draft of Rs 10,000 in favor of BPUT, Rourkela to be drawn at SBI, Uditnagar, Rourkela
5. Research Proposal of the candidate dully signed by the candidate and proposed Research Supervisor and Co-Supervisor (if any)

For official use only at BPUT

The following members are recommended for the Doctoral Scrutiny Committee of the student:

1. _____Head of the Institution — Chairperson
2. _____Head of the NCR/ Department — Co-Chairperson
3. _____Domain expert, Inside Odisha (Nominated by VC) — Member
4. _____Domain expert, Inside Odisha (outside the NCR) (Nominated by VC) — Member
5. _____Research Supervisor — Member Convener
6. _____Co-Supervisor (if any) — Joint Member Convener

Recommended and forward by

J.E (R&D)

PIC (R&D), BPUT

Registrar

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Approved / Not Approved

Vice-Chancellor, BPUT

BPUT(R&D) Ph.D cell for Records and Necessary action

Amount of Fee paid Rs._____ & the University Receipt No. / Bank DD No._____ & Date_____, Issuing Bank: _____ (Attach photo copy of the University Receipt / Bank DD) for provisional allotment.

The student is assigned the following Enrollment Number & NCR :

Name of the student: _____ Name of NCR:_____

Faculty	Session	Discipline/ Specialization	Category of studentship (Full Time / Part Time / Full Time Special)	Enrollment Number with date

The provisional Enrollment of the student is approved with effect from: _____

He is required to submit within 06 years from the date of enrollment.

Verified and found correct

Approved / Not Approved

Jr. Executive (R&D)

PIC (R&D), BPUT

Registrar