



गणित विभाग
DEPARTMENT OF MATHEMATICS
दिल्ली विश्वविद्यालय, दिल्ली-110007
UNIVERSITY OF DELHI, DELHI – 110007

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दूरभाष. 27666658

PROF. C.S. LALITHA

संदर्भ संख्या: Maths/2018/

HEAD

दिनांक : September 27, 2018

NOTICE

Shortlisted/Waiting candidates of Ph.D Programme are required to fill a form and submit the same duly recommended by the proposed supervisor latest by Wednesday, the 4th October 2018 in Room No. 09 (Ground Floor), Department of Mathematics, University of Delhi. The list of supervisors who have expressed their willingness to supervise students for this semester is also available on the department website <http://maths.du.ac.in/Admission/MPhilPhD/PhDadmission.html>

The candidates should attached self-attested copies of the following documents alongwith form:

- (i) Under-graduate and Post-Graduate (qualifying) Degrees/Certificates.
- (ii) Mark-sheets of Under-graduate and Post-Graduate (Qualifying) examinations.
- (iii) Matriculation / Hr. Secondary / Secondary School certificate for verification of date of birth.
- (iv) Certificate, in the case of SC/ST/OBC/PH category
- (v) Certificate fellowship/scholarship award letter (if any)

HEAD

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

9. Address in Delhi _____

Email id _____ Tel.No..(R) _____ 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. Year of award _____

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-VI 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 declare that I am not registered for any full-time programme of study in any University / Institution.
- (d) 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.
- (e) 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,

Signature of the Applicant

Name

Date

(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