

BHARATHIAR UNIVERSITY, COIMBATORE – 641046

ADMISSION TO Ph.D. PROGRAMME DURING 20__ - 20__ Session :

LIST OF CANDIDATES APPLIED FOR Ph.D. PROGRAMME

Date :

Tick – Univ. Dept. College Research Institution

Dept. Sanctioned Strength : FT /PT

Already Registered Strength : FT /PT

Available Strength : FT /PT

Name of the College / Research Institution:

Name of the Department :

S.NO.	NAME OF THE CANDIDATE	FT / PT	COMMUNITY (OC/BC/MBC/ SC/SCA/ST)	PG DEGREE & SUBJECT	NAME OF THE UNIVERSITY LAST STUDIED	ELIGIBLE / IF NOT ELIGIBLE GIVE REASON

***For Colleges – Sanctioned strength copy to be attached (received from University)**

**Signature of the HOD
with seal & date**

**Signature of the Principal / Head of the Institution
with seal & date**

Note : Signature of faculty & HOD is mandatory for all the pages

BHARATHIAR UNIVERSITY, COIMBATORE – 641046
ADMISSION TO Ph.D. PROGRAMME DURING 20__ - 20__ Session :.....
List of Candidates called for Interview

Name of the College / Research Institution:

Name of the Department

:

Date :

S.NO.	NAME OF THE CANDIDATE	FT / PT	COMMUNITY (OC/BC/MBC/SC/SCA/ST)	PG MARKS (CONVERTED TO 50)	ENTRANCE EXAM MARKS (MAX. 35)	INTERVIEW MARKS (MAX. 15)	TOTAL MARKS (MAX. 100)	SELECTED /NOT SELECTED/WAITING LIST)

**Signature of the HOD
with seal & date**

**Signature of Principal / Head of the Institution
with seal & date**

BHARATHIAR UNIVERSITY, COIMBATORE – 641046

ADMISSION TO Ph.D. PROGRAMME DURING 20__ - 20__ Session:.....

LIST OF CANDIDATES PROVISIONALLY ADMITTED TO Ph.D. PROGRAMME

Name of the College / Research Institution:

Name of the Department :

Date :

S.NO.	NAME OF THE CANDIDATE	FT / PT	COMMUNITY (OC/BC/MBC/ SC/SCA/ST)	PG DEGREE & SUBJECT	NAME OF THE UNIVERSITY LAST STUDIED	NAME OF THE GUIDE	SIGNATURE OF THE GUIDE

**Signature of the HOD
with seal & date**

**Signature of the Principal / Head of the Institution
with seal & date**

BHARATHIAR UNIVERSITY, COIMBATORE – 641046

ADMISSION TO Ph.D PROGRAMME DURING 20__ - 20__ Session:.....

Details of candidates doing research under each research guide Department-wise

Name of the College / Research Institution:

Name of the Department :

Date :

Maximum strength permitted in the Department of Ph.D. Programme:

S.NO.	PARTICULAR OF EACH GUIDE		PARTICULAR OF PH.D. SCHOLARS			PARTICULARS OF PH.D.SCHOLAR SUBMITTED THESIS DURING THE PREVIOUS ACADEMIC YEAR		SIGNATURE OF THE GUIDE
	NAME & DESIGNATION OF THE GUIDE	AGE & DATE OF BIRTH	NAME	FT/PT	DATE OF REGN.	NAME	MONTH/ YEAR	

**Signature of the HOD
with seal & date**

**Signature of the Principal / Head of the Institution
with seal & date**